

L23000236613

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

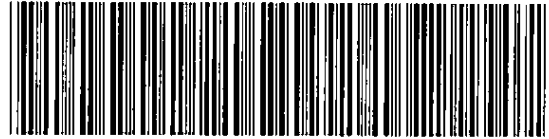
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600407605836

S. CHATHAM
MAY 15 2023

FILED
2023 MAY 12 PM 12:27
CLERK OF DISTRICT COURT
JACKSONVILLE, FLORIDA

RECEIVED
2023 MAY 12 PM 3:41
CLERK OF DISTRICT COURT
TALLAHASSEE, FLORIDA

FLORIDA CAPITAL COURIER SERVICES, INC

2330 CLARE DRIVE

TALLAHASSEE, FL 32309

(850) 524-5437

(850) 524-6243

Please use funds from this account: I20210000160: \$155.00

Authorization Signature: _____

 : _____

KISSIMMEE TWIN, LLC

BUSINESS NAME

DOCUMENT #

X Copy of Articles of Organization

 Certificate of Status

NEW FILINGS

 Profit Corp

 Not for Profit

X **Limited Liability**

 Domestication

 Other

 CORP

 LLLP

AMMENDMENTS

 Amendment

 Resignation of R.A. Officer/Director

 Change of Registered Agent

 Revocation of Dissolution

 Merger

 Articles of Conversion

 Amended and restated Articles

 Statement of Authority

OTHER FILINGS

 Annual Report

 Fictitious Name

 APOSTILLE

 Country

REGISTRATION/QUALIFICATIONS

 Foreign filing

 Limited Partnership

 Reinstatement

 Other

EXAMINER'S INITIALS: _____

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Kissimmee Twin, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Sarah Dumas

Name of Person

Cozen O'Connor

Firm/Company

1801 N. Military Trail, Suite 200

Address

Boca Raton, FL 33431

City/State and Zip Code

ecompliance@cozen.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sarah Dumas

561

245-6110

at (_____) _____

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☐ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☒ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations

Street Address

New Filing Section Division
The Centre of Tallahassee

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kissimmee Twin, LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

1909 N. Haverhill Road, #1
West Palm Beach, FL 33417

Mailing Address:

1909 N. Haverhill Road, #1
West Palm Beach, FL 33417

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Jay Krigsman

Name

1909 N. Haverhill Road, #1

Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FL

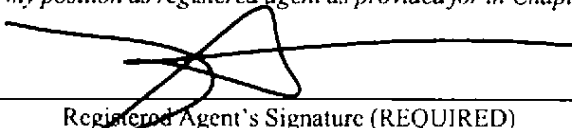
33417

City

State

Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

2023 MAY 12 PM 12:27

FILED

ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Jay Krigsman
1909 N. Haverhill Road, #1
West Palm Beach, FL 33417

MGR

Tracy Krigsman
1909 N. Haverhill Road, #1
West Palm Beach, FL 33417

(Use attachment if necessary)

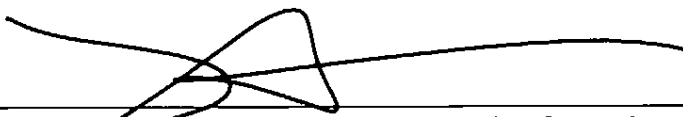
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any false information submitted in a document to the Department of State
constitutes a third degree felony as provided for in s.817.155, F.S.

Jay Krigsman, Manager

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
2023 MAY 12 PM 12:27