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PHONE: (800) 435-9371; FAX: (866) 860-8395

DATE:

05/16/23

NAME: KADE E BURLEY LLC

TYPE OF FILING: ARTICLES

COST:

125.00

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AUTHORIZATION: ABBIE/PAUL HODGE

			CO	VER LET	IER		
	ew Filing Sec ivision of Cor						
SUBJECT	Kade E Bu	rley LLC					
		N	lame of Lin	nited Liab	lity Company		
The enclos	ed Articles of	Organization a	nd fee(s) are	e submitte	d for filing.		
Please retu	rn all correspo	ondence concer	ning this ma	tter to the	following:		
	Kade Everet	t Burley					
				Name o	f Person	·	
	Kade E Burl	ey LLC					
				Firm/C	ompany	-	
	2951 Sunset	Point Rd.					23 TAL
				Add	ress		- CE - E
	Clearwater, I	FL 33759		<u> </u>			
	kade@dkclen	ding com	С	ity/State a	nd Zip Code		
-			(to be used	for future	annual report notificat	tion)	- 1
or further i		ncerning this m				,	57.
	Kyle A. Delg	gado, Esq.	51 at (6	300-3055		
	Nam	e of Person		rea Code	Daytime Telephor	ne Number	
Enclosed is	a check for th	he following an	nount:				
	Filing Fee	□\$130.00 Fi Certificate o	iling Fee &	Certif	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Certificate Certified Co	of Status &

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	/ Company is:					
Kade E Burley LLC	in the words "Limited	I Liahility Com	pany, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street ad			•			
<u>Principa</u>	l Office Address:		Mailing Add	dress:		
2951 Sunset Point Rd Clearwater, FL 33759	_		2951 Sunset Point Rd. Clearwater, FL 33759			
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its ow ctive Florida registrat	m Registered Agion.)		ndividual or ASS	23 MAY 16	
The name and the Florida street a					Ξ	7
	Kade Everett Burle					Ţ
		Name		*- :-	3: 05	
	2951 Sunset Point	Rd.		• • • •	<u> </u>	
	Florida street addre	ss (P.O. Box N	OT acceptable)			
	Clearwater	FL	33759			

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..

State

Zip

City

kade Everett Burley

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Title: "AMBR" = Authorized Member "MGP" = Manager	Name and Address:
"MGR" = Manager <u>MGR</u>	Kade Everett Burley 2951 Sunset Point Rd. Clearwater, FL 33759
	23 MAY 16
(Use attachment if necessary)	
If an effective date is listed, the date must be spe he date of filing.) Note: If the date inserted in this block does not me the document's effective date on the Department of	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE:	Sunt Bully
This document is execut I am aware that any false	ember or an authorized representative of a member. ted in accordance with section 605.0203 (1) (b), Florida Statutes, c information submitted in a document to the Department of State c felony as provided for in s.817.155, F.S.
Kade Everett Bur	rley 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)