

1/4/24, 3:25 PM

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Division of Corporations
Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
KIBLER SOFTENING SOLUTIONS, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

T.J.H

1/10/24

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kibler Softening Solutions, LLC

(Must end with 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:

1610 Orange Avenue
Saint Cloud, FL 34769

Mailing Address:

1610 Orange Avenue
Saint Cloud, FL 34769

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:

CPA Partners, L.L.C.

Name

8200 113th Street, Suite 103

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

Seminole

FL

33772

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..

Jessica Martin

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

2024 JAN -14 PM 16:16

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

Name and Address:

Kelly Weck

1610 Orange Avenue

Saint Cloud, FL 34769

AMBR

Charles Kibler

1610 Orange Avenue

Saint Cloud, FL 34769

AMBR

Connie Kibler

1610 Orange Avenue

Saint Cloud, FL 34769

(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.

Any and all business purpose.

REQUIRED SIGNATURE:

Kelly Weck

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.

Kelly Weck

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)