L24000252082

(Re	questor's Name)			
(Ad	dress)			
(Ad	dress)			
(Cit	ry/State/Zip/Phone	e #)		
PICK-UP	☐ WAIT	MAIL		
(Business Entity Name)				
(Document Number)				
Certified Copies	Certificates	of Status		
Special Instructions to Filing Officer:				
		;		





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COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: KBS OAK RIDGE 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:
Kenneth B. Segel Name of Person
Firm/Company 20201 E. Countay Club DR. #2508. Address
AVENTURA, FL 33180
City/State and Zip Code K seqel @ Schuyler companies. Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: S125.00 Filing Fee Status Certified Copy (additional copy is enclosed) Enclosed is a check for the following amount: S125.00 Filing Fee Status Certified Copy (additional copy is enclosed)

Mailing Address

Service and the service of the servi

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 1 - Name: The name of the Limited	l Liability Compar	ny is:	
	KBS	OAK	RIDGE, LLC
(N	fust contain the wo	ords "Limite	ed Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Addres The mailing address and		the principa	al office of the Limited Liability Company is:
	Principal Office	Address:	Mailing Address:
0.55.01	5 C +	01.1	Do 20201 E Courtou Chilo I

#2508 #2508 AVENTURA, FL 33180 #2508 AVENTURA, FL 33180

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:

Kenneth Seqel.

20201 E. Country Club Dr #2508

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

AVENTURA, FL 33180.

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)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR MGR	LENNETH SEEEL 202018. COUNTRY CLUB DR #2502 AVENTURA, FL 33180
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date	e of filing: (OPTIONAL)
(If an effective date is listed, the date must be sp the date of filing.)	pecific and cannot be more than five business days prior to or 90 days after meet the applicable statutory filing requirements, this date will not be listed a
ARTICLE VI: Other provisions, if any.	
This document is executed an aware that any fals	ember or an authorized representative of a member. Ited in accordance with section 605.0203 (1) (b). Florida Statutes. The information submitted in a document to the Department of State
	e felony as provided for in s.817.155, F.S. ett R. Sege Typed or printed name of signee
	Filing Fees:
\$125.00 Filing Fee for Articles of Or \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Option	ganization and Designation of Registered Agent

.:'