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(Requestor's Name)	
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(City/State/Zip/Phone #)	
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PICK-UP WAIT MAIL	
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COVER LETTER

TO: New Filing Division of	g Section Corporations		
SUBJECT:	K&G Hea	adlight restoration, LLC	}
	Name of Lir	mited Liability Company	
The enclosed Article	es of Organization and fee(s) ar	re submitted for filing.	
Please return all cor	respondence concerning this m	atter to the following:	
	Grego	ry Holte	
		Name of Person	
		Firm/Company	
		14263 sea Eagle Dr. J	Jax fl 32226
		Address	
		Jacksonvi	lle Florida 32226
		City/State and Zip Code	
	Gholte17@yaho		:x
	E-mail address: (to be used	for future annual report notificat	10n)
For further informatio	n concerning this matter, pleas	e call:	
Gre	gory Holte at (832) 6335062	
:	Name of Person A	rea Code Daytime Telephor	ne Number
Enclosed is a check	for the following amount:		
□\$125.00 Filing Fe	e ■\$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)
	ailing Address ew Filing Section	Street Address New Filing Section D	
P.0	vision of Corporations O. Box 6327 Illahassee, FL 32314	The Centre of Tallah 2415 N. Monroe Stre Tallahassee, FL 3230	et, Suite 810

ARTICLE IV-

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

Title:		Name and Address:	
"AMBR" = Autho			
"MGR" = Manago	r	Gregory Holte 14263 sea eagle dr	
WiGh		Jacksonville Florida 32226	
		Jacksonville Fillinga Szzzo	
Ambr		Elicia Anderson	
- AHIDI		14263 sea Eagle Dr. Jax fl 32226	
(Use attachment is	necessary)		
		f filing: (OPTION	AT N
of filing.) f the date inserted i	n this block does not me	eific and cannot be more than five business days prior tet the applicable statutory filing requirements, this dat	
iment's effective d	ate on the Department of	f State's records.	
LE VI: Other provi	sions, if any.		
DECUIPIDE CIC	ALA TUDE.		
REQUIRED SIG		Malt	
<u></u>		10 -0	
_	Signature of a men	nber or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida	Statutoc
Ţ	his document is execute	ed in accordance with section 603.0203 (1) (b). Florida	
C	an amore that any lake i	information submitted in a document to the Departmen	of State
	am aware that any false i onstitutes a third degree :	information submitted in a document to the Departmen felony as provided for in \$.817.155, F.S.	of State
	onstitutes a third degree:	information submitted in a document to the Departmen felony as provided for in s.817.155. F.S.	of State
	onstitutes a third degree:	information submitted in a document to the Departmen	of State
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	onstitutes a third degree	information submitted in a document to the Departmen felony as provided for in s.817.155. F.S. Gree Hote Typed or printed name of signee Filing Fees:	of State
\$125.00 Filing	onstitutes a third degree :	information submitted in a document to the Departmen felony as provided for in \$.817.155. F.S. GNC HOLE Typed or printed name of signee	of State
\$125.00 Filing \$ 30,00 Certifi	onstitutes a third degree	information submitted in a document to the Departmen felony as provided for in \$.817.155. F.S. TIPE HOLE Typed or printed name of signee Filing Fees: anization and Designation of Registered Agent	of State

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	K&G Headlight Restoration LLC	
	(Must contain the words "Limited Liability Co	mpany, "L.L.C.," or "LLC.")
	E II - Address: ng address and street address of the principal office of the	Limited Liability Company is:
	Principal Office Address:	Mailing Address:
	14263 sea Eagle Dr. Jax fl 32226	14263 sea Eagle Dr. Jax fl 32226
	E III - Registered Agent, Registered Office, & Register	
(The Limi another b		
(The Limi another b	E III - Registered Agent, Registered Office, & Register ited Liability Company cannot serve as its own Registered ousiness entity with an active Florida registration.)	
(The Limi another b	E III - Registered Agent, Registered Office, & Register ited Liability Company cannot serve as its own Registered ousiness entity with an active Florida registration.)	
(The Limi another b	E III - Registered Agent, Registered Office, & Register ited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) and the Florida street address of the registered agent are: Gregory Holte	Agent. You must designate an individual or
(The Limi another b	E III - Registered Agent, Registered Office, & Register ited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) and the Florida street address of the registered agent are: Gregory Holte Name	Agent. You must designate an individual or Jax fl 32226
(The Limi another b	E III - Registered Agent, Registered Office, & Register ited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) and the Florida street address of the registered agent are: Gregory Holte Name 14263 sea Eagle Dr.	Jax fl 32226 NOT acceptable)

Hp fu juriner agree to comply with the provisions of all statutes retaining to the proper and complete performance of my du-am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

Begistered Agent's Signature (REQUIRED)

(CONTINUED)