



COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: EDWARD KOENIG 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:

EDWARD KOENIG

Name of Person

EDWARD KOENIG LLC

Firm/Company

3181 GROVE ROAD

Address

PALM BEACH GARDENS, FL. 33410

City/State and Zip Code

WELDERED@AOL.COM

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

For further information concerning this matter, please call:

EDWARD KOENIG at ( 561 ) 714-4562

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  
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

RECEIVED  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL  
JUN 10 2003

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EDWARD KOENIG 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:

Mailing Address:

3181 GROVE ROAD  
PALM BEACH GARDENS, FL.  
33410

SAME

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:

EDWARD KOENIG  
Name

3181 GROVE ROAD  
Florida street address (P.O. Box **NOT** acceptable)

PALM BEACH GARDENS, FL. 33410  
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:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR / OWNER

**Name and Address:**

EDWARD KOENIG  
3131 GROVE RD.  
P.B. GARDENS, FL. 33410

(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.

FL. PALM BEACH COUNTY BUS. TAX (COPY INCLUDED)  
LBTR # 2025171103

**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.

EDWARD KOENIG

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)

RECEIVED  
FILED



**ANNE M. GANNON**  
CONSTITUTIONAL TAX COLLECTOR  
Serving Palm Beach County

*Serving you.*

P.O. Box 3353, West Palm Beach, FL 33402-3353  
[www.pbctax.gov](http://www.pbctax.gov) Tel: (561) 355-2264

**\*\*LOCATED AT\*\***  
3181 GROVE RD  
PALM BEACH GARDENS FL 33410

TYPE OF BUSINESS	OWNER	CERTIFICATION #	RECEIPT #/DATE PAID	AMT PAID	BILL #
WELDING - NON STRUCTURAL	KOENIG EDWARD		U25.160242 1/8/2025	33.00	B40199459

This document is valid only when receipted by the Tax Collector's Office.

KOENIG EDWARD  
KOENIG EDWARD  
3181 GROVE  
PALM BEACH GARDENS FL 33410

**STATE OF FLORIDA**  
**PALM BEACH COUNTY**  
**2024 / 2025 LOCAL BUSINESS TAX RECEIPT**  
**LBTR Number: 2025171103**  
**EXPIRES: 9/30/2025**

This receipt **MUST** be conspicuously displayed at the place of  
business and in such a manner as to be open to the view of the public.