

L10000043/83

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

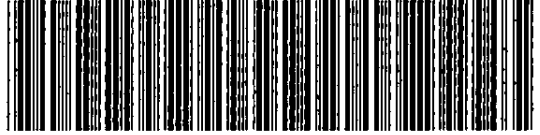
Special Instructions to Filing Officer:

W1-15692
A. LUNT

APR 22 2010

EXAMINER

Office Use Only



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03/29/10--01070--013 **125.00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2010 APR 20 PM 12:45

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 30, 2010

OLEYMIS RUSSELL
16541 SW 277 STREET
HOMESTEAD, FL 33031

SUBJECT: KENNETH RUSSELL ROOF CONTRACTING, LLC
Ref. Number: W10000015692

We have received your document for KENNETH RUSSELL ROOF CONTRACTING, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The registered agent must sign accepting the designation.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt
Regulatory Specialist II

Letter Number: 910A00007775

www.sunbiz.org

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KENNETH RUSSELL ROOF CONTRACTING, 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:

OLEYMIS RUSSELL
Name of Person

KENNETH RUSSELL ROOF CONTRACTING, LLC
Firm/Company

16541 SW 277 STREET
Address

HOMESTEAD, FL 33031
City/State and Zip Code

OLEYMIS@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

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 SECRETARY OF STATE
 TALLAHASSEE, FLORIDA
FILED

For further information concerning this matter, please call:

OLEYMIS RUSSELL at (305) 796-1803
 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
 Registration Section
 Division of Corporations
 P.O. Box 6327
 Tallahassee, FL 32314

Street/Courier Address
 Registration Section
 Division of Corporations
 Clifton Building
 2661 Executive Center Circle
 Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KENNETH RUSSELL ROOF CONTRACTING, 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:

Mailing Address:

16541 SW 277 STREET

16541 SW 277 STREET

HOMESTEAD FL 33031

HOMESTEAD, FL 33031

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:

^{Saco-}
OLEYMIS RUSSELL

Name

16541 SW 277 STREET

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

HOMESTEAD

FL 33031

City, State, and 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 608, F.S..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Saco.
OLEYMIS RUSSELL, MGR

16541 SW 277 STREET
HOMESTEAD, FL 33031

KENNETH RUSSELL, MGRM

16541 SW 277 STREET
HOMESTEAD, FL 33031

FILED
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STATE OF FLORIDA
SACRAMENTO COUNTY

(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.)

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Saco.
OLEYMIS RUSSELL

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)