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(City	/State/Zip/Phone	e #)
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C. LEWIS

JAN 1 4 2011

EXAMPLES

	ration Section on of Corporations	
SUBJECT: 1	624 Kuhlacre Drive Ll	_C
GOBULET		d Liability Company
The enclosed A	rticles of Organization and fee(s) are s	submitted for filing.
Please return all	correspondence concerning this matter	er to the following:
Fred	Ingley III	
		Name of Person
DO I	0	Firm/Company
<u> PO E</u>	30x 6474	Address
Tallah	assee, FL 32314	
·		//State and Zip Code
fritzy3	9@gmail.com	or future annual report notification)
For further infor	mation concerning this matter, please	,
JOHN A. IVIA	Name of Person	at (850) 878-2494  Area Code & Daytime Telephone Number
Enclosed is a c	theck for the following amount:	
\$125.00 Filing F		\$155.00 Filing Fee & \$160.00 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

ARTI	E '	γ .	NI.	ma
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The name of the Limited Liability Company is:

# 1624 Kuhlacre Drive 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:
360 Gray Farm Rd	PO Box 6474
Havana, FL 32333	Tallahassee, FL 32314

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:

360 Gray Farm Rd  Florida street address (P.O. Box NOT acceptable)					1" 2
260 Cray Form Dd	300 Gr	Florida street address (P.O. Box NOT acceptable)	ARY O SSEE	ယ်	P.
	360 Gr	av Farm Rd	AHA CET	R	· ·
Name	Fred Ingl		ALC SEC		

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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FILED

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

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

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MGRM	Fred Ingley III PO Box 6474 Tallahassee, FL 32314	
MGRM	Andew F. Ingley	
	1968 West Wilson Ave	
	Chicago, IL 60640	
MGRM	Aaron H. Ingley	
. <del>_</del> -	3329 Niagara Street	
	Pittsburgh, PA 15213	
(Use attachment if necessary)		
LEV: Effective date, if other than the	ne date of filing:	(OPTIONA

## **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. 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.)

Fred Ingley III

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)