

LO3000008846

03 MAR 11 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Michael N. Gomes, P.A.
2401 E. Atlantic Blvd.
Suite 210
Pompano Beach, FL 33062

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



900012788049

03/07/03--01045--012 **25.00

02/24/03--01097--001 **100.00

02/24/03--01097--002 **5.00

W03-5406
ALI



FLORIDA DEPARTMENT OF STATE

Ken Detzner
Secretary of State

FILED
03 MAR 11 PM 4:02
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 25, 2003

MICHAEL N. GOMES, P.A.
2401 E. ATLANTIC BLVD.
SUITE 210
POMPANO BEACH, FL 33062

SUBJECT: KOHLER MANAGEMENT SERVICES, LLC
Ref. Number: W03000005406

We have received your document for KOHLER MANAGEMENT SERVICES, LLC and your check(s) totaling \$105.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The fees to file a Florida Limited Liability Company or register a Foreign Limited Liability Company are as follows: \$100 filing fee; and \$25 registered agent designation fee. Please include an additional \$30 for each certified copy requested (optional) and \$5.00 for each certificate of status requested (optional).

There is a balance due of \$25.00.

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
Document Specialist

Letter Number: 603A00012096

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
KOHLER MANAGEMENT SERVICES, L.L.C.

FILED

03 MAR 11 PM 4:02

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
2940 N.E. 39th Court, Lighthouse Point, FL 33064

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Lorraine Kohler

Name

2940 N.E. 39th Court

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

Lighthouse Point, FL 33064 FL

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.

Lorraine Kohler

Registered Agent's Signature

(An additional article must be added if an effective date is requested)

Lorraine Kohler

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.)

Lorraine Kohler

Typed or printed name of signee

Filing Fees:

- X \$100.00 Filing Fee for Articles of Organization
- \$ 25.00 Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- X \$ 5.00 Certificate of Status (Optional)