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(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nam	e)
(Do	cument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filling Officer:	
		12/04
	Office Use Only	



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SECTEDARY DECORITION

TRANSMITTAL LETTER

SUBJECT: Joseph P. Kearney, Jr. 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:		
Joseph P. Kearney, Jr.		
(Name of Person)		
Joseph P. Kearney, Jr. LLC	O3 SEL	
(Firm/Company)	03 DEC - I	
1674 W. Akron Drive	-I	i de
(Address)		
Deltona, FL. 32725	AM II: 36	-
(City/State and Zip Code)	D, G	
For further information concerning this matter, please call:		
Joseph P. Kearney, Jr. at (386) 789-2816		

STREET ADDRESS:

(Name of Person)

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
Joseph P. Kearney, Jr. LLC		on the second second second
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liz	red w
Principal Office Address:	Mailing Address:	ARE DEC
1674 W. Akron Drive	1674 W. Akron Drive	SS - I
Deltona, FL 32725	Deltona, FL 32725	
		36 RED
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re Joseph P. Kearney, Jr.		Signature:
Name		
1674 W. Akron Drive Florida street address (P.O.	. Box <u>NOT</u> acceptable)	*
Deltona City, State, a	FLORIDA 32725	

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

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

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

MGR	Joseph P. Kearney, Jr.	
	1674 W. Akron Drive	
	Deltona, FL 32725	
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	- <u> </u>	
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		D, on
)
		<u> </u>
(Use attachment if necessary)		

NOTE: An additional article must be added if an effective date is requested.

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.)

Typed or printed name of signee

Filing Fces:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)