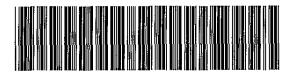
## L04000003707

(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:		
Call when		
Ready		

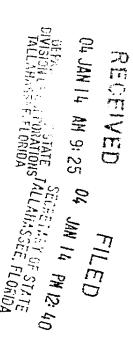
Office Use Only



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U1/14/U4 -- U1030 -- OUI \*\*125.00

MK



## TRANSMITTAL LETTER

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street

Tallahassee, Florida 32399

Division of Corporations
SUBJECT: Charles R. Kalb 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:
Please return all correspondence concerning this matter to the following:
Churles R. Dally (Firm/Company)
4533 Hickory Forest Cip.
TAHA, FLA - 32301 (City/State and Zip Code)
For further information concerning this matter, please call:
Toni F. Lalb at (360) 562 0449 (-302 5990) (Name of Person) (Area Code & Daytime Telephone Number)
STREET ADDRESS: MAILING ADDRESS:

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:	
Charles R. Kalb	JR. L 色色
ARTICLE II - Address: The mailing address and street address of the principal of	SERVE TO THE PERSON OF THE PER
Principal Office Address:	Mailing Address:
4533 HICKORY FOROSI CIR TALLA FLAT 32301	1520 GREEN St. TAILA - FLA 32203
- , ,	

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

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

45 33 Hickory Free (Cir

TALLA FLA. 32303

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

(CONTINUED)

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MERM	MIKO ESTED 13060 Ring Arch DR TALL Flo. 323/2
-MG-RM.	Mike Holmes 13232 Meridian Pd Tall Fla 32312 Mita Holmen
<u> </u>	
(Use attachment if necessary)	
NOTE: An additional article mus	t be added if an effective date is requested.
REQUIRED SIGNATURE:	
$\bigcirc$ .	2 0 0 0

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 Fees:

\$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)