

L040000 12974

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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ALL INFORMATION
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Feb 03 2004 2:05 PM

GARY E. ANNON CPA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kevin's Wallcovering, 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:

Kevin S SACHKAR
(Name of Person)

Kevin's Wallcovering
(Firm/Company)

1077 MAcon rd
(Address)

venice FL 34293
(City/State and Zip Code)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kevin SACHKAR at (941) 497-3130
(Name of Person) (Area Code & Daytime Telephone Number)

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

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

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLE I - Name:

The name of the Limited Liability Company is:

Kevin's Wallcovering, LLC**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:Kevin's Wallcovering
1077 macon rd
Venice Fl 34293**Mailing Address:**Kevin's Wallcovering
1077 macon rd
Venice Fl 34293**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Kevin S Sachkar

Name

1077 macon rdFlorida street address (P.O. Box **NOT** acceptable)Venice Fl 34293 FLORIDA

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, Florida Statutes..

Kevin S Sachkar

Registered Agent's Signature

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

MGR

Name and Address:

Kevin Sachkar

1077 Macon rd

Venice RI 02893

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Kevin S Sachkar

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.)

Kevin S Sachkar

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)