104000018320

(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:		





800029237148

02/26/04--01051--018 **125.00

DIVISION OF CORPORATIONS

04 FEB 26 PM 3: 02

La 03/09/024

lip

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KEVIN CHILDS MAINTENANCE 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 Childs	
(Name of Person)	
Kevin Childs Maintenance LLC	_
(Firm/Company) 1529 Russell Ave.	OF FE
(Address) Sarasota, FL 34232	O4 FEB 25 PM 3: 02
(City/State and Zip Code)	* 3: SEE
For further information concerning this matter, please call:	02
Vicki Goffinet at 941- 924-8577	
(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

The name of the Limited Liability Company is:	
KEVIN CHILDS MAINTENANCE LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1529 Russell Ave.	1529 Russell Ave.
Sarasota, FL	Sarasota, FL
34232	34232 P
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re Kevin Childs Name	egistered agent are:
1529 Russell Ave.	·
Florida street address (P.O	D. Box NOT acceptable)
Sarasota, :	34232 FLORIDA
City, State, a	

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:

<u>Title:</u>	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member		
MGRM	Kevin Childs	
	1529 Russell Ave.	
	Sarasota, FL 34232	
		
		·
		<u> </u>
(Use attachment if necessary)		
		
NOTE: An additional article mu	ust be added if an effective date is requested.	140 INVE
REQUIRED SIGNATURE:		JVISION OF CE
Signature of a member o	r an authorized representative of a member.	ARY OF S
(In accordance with section of this document constitute that the facts stated herein	on 608.408(3), Florida Statutes, the execution les an affirmation under the penalties of perjury a are true.)	RATIONS 3: 02
Kevin Ch	ilds	

Filing Fees: S100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee