

L040000019181

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

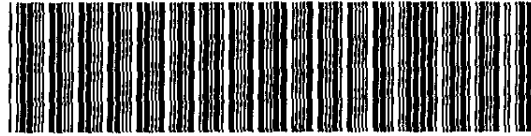
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2004 MAR -1 AM 9:27
TALLAHASSEE, FLORIDA

J. BRYAN MAR 12 2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT:

Kingfisher Construction, 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:

Chris Bates

(Name of Person)

~~Kingfisher~~ Restoration

(Firm/Company)

930 Geneva Moore Rd

(Address)

McClellanville SC 29458

(City/State and Zip Code)

For further information concerning this matter, please call:

Chris Bates

(Name of Person)

at

(843) 887-4072

(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

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

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2004 MAR -1 AM 9:27
UNION COUNTY CORPORATIONS
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kingfisher Construction, LLC

ARTICLE II - Address:

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

Principal Office Address:

4201 W. Sevilla St
Tampa FL
33629

Mailing Address:

Same

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

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

~~4201~~ Elizabeth Hofmeister
Name

4201 W. Sevilla St.
Florida street address (P.O. Box NOT acceptable)

Tampa - FLORIDA 33629
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..


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

Name and Address:

MGRM

Chris Bates
930 Geneva Moore Rd
McClellanville SC 29458

MGRM

Kimberly Bates
930 Geneva Moore Rd
McClellanville SC 29458

/

/

/

/

(Use attachment if necessary)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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

REQUIRED SIGNATURE:

Christopher Bates

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.)

Christopher Bates

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)