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(Req	uestor's Name)
(Add)	ress)
(Add	ress)
(City/	State/Zip/Phone #)
PICK-UP	WAIT MAIL
(Busi	ness Entity Name)
(Doct	ument Number)
Certified Copies	Certificates of Status
Special Instructions to Fi	ling Officer:
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Office Use Only



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TRANSMITTAL LETTER

SUBJECT: KENNETH L, NATHE, LLC (Name of Limited Liability Company)
(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:
KENNETH L. NATHE (Name of Person)
KENNETH L. NATHE, LLC:
32225 AMBERLEA POAD
DADE CITY FL 33523 (City/State and Zip Code)
For further information concerning this matter, please call:

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> 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

ARTICLE I - Name:

The name of the Limited Liability Company is:		
KENNETH L. NATHE	: LLC	
·		
ARTICLE II - Address: The mailing address and street address of the principal street.	ipal office of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	-
KENNETH L. NATHE	KENNETH L. NATHE	, .
32225 AMBÉRLEA RD.	32225 AMBERLEA RA.	
DADE CITY, FL 33523	DADE CITY FL 3352	23
,	, ,	
ARTICLE III - Registered Agent, Registered Of The name and the Florida street address of the regis		
**** **********************************		
GERARD H. N	ATHE	
Name	1.7	
32440 NATHE	POAD ox NOT acceptable)	
Florida street address (P.O. Bo	av NOT accountable)	1
Florida street address (r.O. Bo	5x 1101 acceptable)	مظيون جنبري
DADE CITY		11
DADE CITY City, State, and 2	Zip	پسبو سيب
	lu production de la constant de la c	
Having been named as registered agent and to accept service company at the place designated in this certificate, I hereby a		
agree to act in this capacity. I further agree to comply with the		
and complete performance of my duties, and I am familiar wi		
registered agent as provided for in Chap		
	.1	

Page 1 of 2 (CONTINUED)

Registered Agent's Signature

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
	NA
NA	
· · · · · · · · · · · · · · · · · · ·	
	The state of the s
(Use attachment if necessary)	

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)

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.)

WA
Typed or printed name of signee