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(Re	equestor'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:		
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DIVISION OF CORTCRATION





CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

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Kirkland	Servicos	110
RUNCUKI	<u> </u>	<u>ue</u>

ALL SHARES MO. 30

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	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Art. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Photo Copy
	Certificate of Good Standing
•	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: (1)	UCC 1 or 3 File
<u> </u>	UCC 11 Search
Name Date Time	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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ARTICLE I - Name: The name of the Limited Liability Company is:		
KIRKLAND SERI	vices, LLC	
ARTICLE II - Address: The mailing address and street address of the pro-	incipal office of the Limited Liability Company is	
Principal Office Address:	Mailing Address:	
11371 NE SB 24	11371 NE SR 24	
ARCHER, FL 32618	ARCHER FL 32618	
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r		
MARUIN C.	KIRKLAND	
11371 NE SA	2 24	
Florida street address (P.O. Box NOT acceptable)		

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..

AL CHER F City, State, and Zip

Registered Agent's Signature

Page 1 of 2 (CONTINUED) The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member

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

REQUIRED SIGNATURE:

(Use attachment if necessary)

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)

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

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)