

W4000054027

(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:

Office Use Only



700039190767

07/19/04--01049--005 \*\*160.00

FILED

04 JUL 19 09 14:05

2004 JUL 19 09 14:05

W4-54027  
Ch

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: The Kreiling Group, 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:

Scott Kemp  
(Name of Person)

Spectrum Capital Mgmt, Inc  
(Firm/Company)

1680 Hwy A1A, Ste 2  
(Address)

Satellite Beach, FL 32937  
(City/State and Zip Code)

For further information concerning this matter, please call:

Scott Kemp at ( 321 ) 779-4418  
(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

FILED  
01 JUL 19 PM 1:45  
TALLAHASSEE FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

The Kreiling Group, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1680 Hwy. A1A

Same

Ste 2

Satellite Beach, FL 32937

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

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

Scott Kemps  
Name

1680 Hwy A1A, Ste 2  
Florida street address (P.O. Box **NOT** acceptable)

Satellite Beach 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..*

  
Registered Agent's Signature

FILED  
04 JUL 19 PM 1:11  
TALLAHASSEE FLORIDA

**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

Randall A. Kreiling  
7777 N. Wickham Rd #12-554  
Melbourne, FL 32940

MGR

Scott A. Kemp  
263 Ocean Residence Ct  
Satellite Beach, FL 32937

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Randall A. Kreiling  
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.)

RANDALL A. KREILING  
Typed or printed name of signer

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

01 JUL 19 PM 1:15

FILED

**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)