

Law Offices of
Richard Spice Wheeler, P.A.
2265 Lee Road, Suite 103
Winter Park, Florida 32789

☐ PICK-UP ☐ WAIT ☐ MAIL

Certified Copies _____ Certificates of Status _____

Office Use Only



1124/14--11113--1114 **167.00

GEORGE A. C. - SIA
TALLAHASSEE, FLORIDA

Pr 2:10

四

104-87235
AK

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **KLK Fitz, LLC**

ARTICLE II - Address:

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

Principal Office Address:

15044 Dry Run
Tavares, FL 32778

Mailing Address:

15044 Dry Run
Tavares, FL 32778

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

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

Richard S. Wheeler, Esq.

Name

2265 Lee Road, Suite 103

Florida street address (P.O. Box **NOT** acceptable)

Winter Park, FL 32789

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, F.S..



Registered Agent's Signature

FILED
04 NOV 24 10 10 AM
TALLAHASSEE
SECRETARY OF STATE

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:

<u>MGRM</u>	<u>Kevin D. Fitzpatrick, Sr.</u>
	<u>15044 Dry Run</u>
	<u>Tavares, FL 32778</u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>
<u></u>	<u></u>

(Use attachment if necessary)

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

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.)

Kevin D. Fitzpatrick, Sr.

Typed or printed name of signee

SEAL OF THE STATE
TALLAHASSEE, FLORIDA

04 NOV 24 PM 2:10

FILED