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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ROBERT A. STERMER, LL.M. (TAX)**

ATTORNEY AT LAW

8585 SOUTHWEST HIGHWAY 200

SUITE 9

OCALA, FLORIDA 34481

E-MAIL: sv1@atlantic.net

TELEPHONE: (352) 861-0447

FACSIMILE: (352) 861-0494

January 25, 2005

Registration Section  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

RE: Ken Getfield Partners, LLC

Dear Sir or Madam:

With regard to the above-referenced matter, enclosed please find the Articles of Organization for filing along with a check in the amount of \$125.00 representing the filing fee and designation of registered agent.

Please return all correspondence concerning this matter to:

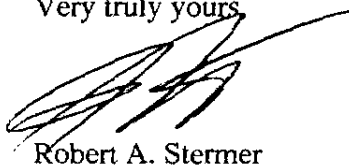
Robert A. Stermer, Esq.  
8585 SW Hwy 200  
Suite 9  
Ocala, FL 34481

For further information concerning this matter, please call:

Robert A. Stermer, Esq.  
(352) 861-0447

Should you have any questions in regard to the foregoing, please do not hesitate to contact me. I remain,

Very truly yours,



Robert A. Stermer

RAS/ab  
Enclosures

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TALLAHASSEE, FLORIDA

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KEN GETFIELD PARTNERS, LLC

### ARTICLE II - Address:

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

#### Principal Office Address:

7719 NW 49TH STREET ROAD  
OCALA, FL 34482

#### Mailing Address:

7719 NW 49TH STREET ROAD  
OCALA, FL 34482

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

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

ROBERT A. STERMER

Name

8585 SW HWY 200, SUITE 9

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

OCALA, FL 34481

FL

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

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TALLAHASSEE  
SECRETARY OF STATE  
OFFICE

(CONTINUED)

**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

KENNETH GETFIELD

7719 NW 49TH STREET ROAD

OCALA, FL 34482

MGR

ALLEN JONES

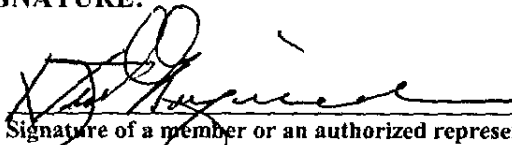
5050 WEST HWY 326

OCALA, FL 34482-1255

(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.)

KENNETH GETFIELD

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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