1050000 24695

(Dawns)
(Requestor's Name)
(Address)
·
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•

Office Use Only



700046441377

03/10/05--01030--021 **130.00

05 MAR 10 PH 1: 05

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K+ S Property Maintanence Lie (Name of Limited Liability Company)	<u>_</u> ,
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Kqr/F, $ScoH$ (Name of Person)	
K+5 Property Maintanence L.L. C. (Firm/Company)	
7985 Kennedy Lane	
Sarasota FL 34240 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Karl Scott at 941 378-7809 (Name of Person) (Area Code & Daytime Telephone Number)	
Karl Scott (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount:	.±17**±±
Certificate of Status Certified Copy Certificate of Status & Certified Copy is enclosed) (additional copy is enclosed) (additional copy is enclosed)	
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	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
K+5 Property Maintanence	L.L.C.
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Lia	bility Company is:
Principal Office Address: Mailing Address:	
7985 Kennedy La. Same Sara sota FL 34240	
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's	Signature:
The name and the Florida street address of the registered agent are: Karl F. Scott Name	
Name 7985 Kennedy Lane Florida street address (P.O. Box NOT acceptable)	
Florida street address (P.O. Box NOT acceptable) Sara 50 fa FL FL 34240 City, State, and Zip	 7
Having been named as registered agent and to accept service of process for the a liability company at the place designated in this certificate, I hereby accept the registered agent and agree to act in this capacity. I further agree to comply with statutes relating to the proper and complete performance of my duties, and I am accept the obligations of my position as registered agent as provided for in Cl	e appointment as the provisions of all familiar with and
Registered Agent's Signature	MAR 10
ALEDNICA DE L'ASSIMILLE	PH 1:05
(CONTINUED)	DA 5

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:
MGR	Karl F. Scott 7985 Kennedy Lane Sara sota FL 34240
- T-	
(Use attachment if necessary)	
,	added if an effective date is requested.
REQUIRED SIGNATURE:	
Signature of a member o	r an authorized representative of a member.
(In accordance with section of this document constitute that the facts stated here	IF South 191
Турес	l or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Organiz of Registered Agent \$ 30.00 Certified Copy (Optional)	ation and Designation
\$ 5.00 Certificate of Status (Optional)	