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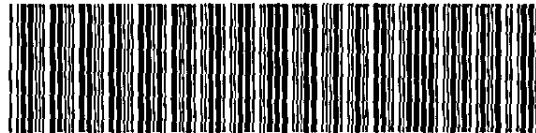
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**TRANSMITTAL LETTER**

**TO:** Registration Section  
Division of Corporation

**SUBJECT:** Kippers Drywall Specialties, 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:

Kip Kurtis Keelin  
(Name of Person)

Kippers Drywall Specialties, LLC  
(Firm/Company)

900 Bay Drive  
(Address)

Niceville, FL 32578  
(City/State and Zip Code)

For further information concerning this matter, please call:

Kip Keelin at (850)-259-3254  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**

Registration section  
Division of Corporation  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**

Registration Section  
Division of Corporation  
P.O. Box 6327  
Tallahassee, FL 32314

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

**ARTICLE I- Name:**

The name of the Limited Liability Company is:

KIPPERS Drywall Specialties, LLC

**ARTICLE II- Address:**

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

**Principal Office Address:**

900 Bay Drive  
Niceville, FL  
32578

**Mailing Address:**

900 Bay Drive  
Niceville, FL  
32578

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

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

Kip Keelin  
Name  
900 Bay Drive  
Florida street address (P.O. Box **NOT** acceptable)  
Niceville, FL 32578  
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 positions as registered agent as provided for in Chapter 608, Florida Statutes...*

  
Registered Agent's Signature

**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

Kip Keelin

900 Bay Dr

Niceville FL 32578

N/A

N/A

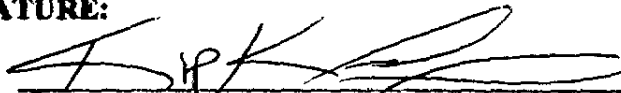
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(Use attachment if necessary)

**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 of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kip Keelin

Typed or printed name of signer

**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)