L05000062183

(Re	equestor's Name)	
(Ac	ldress)	
(Ac	ldress)	
	ty/State/Zip/Phone	#
(C)	.,, C	,
PICK-UP	WAIT	MAIL
	ısiness Entity Nam	ne)
•		,
	A STATE OF THE STA	
(DC	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer	
Operior menuellens to	Timing Officer.	
ĺ		
}		į
j		
		[
}		Į.
}		J
L		

Office Use Only



600055902156

06/20/05--01042--024 **160.00

FILED
2005 JUN 20 PM 1: 10
2005 JUN 20 PM 1: 10

TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KALNAKA 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:	
GARY S. VACURA	2005
KALINAKA LLC (Firm/Company)	PILED PH 1: 10 2005 JUN 20 PM 1: 10
1653 Deverly DR. (Address)	N 1: 10 RPORATIONS E, FLORIDA
Lakeland, FL 33801 (City/State and Zip Code)	<i>.</i>
For further information concerning this matter, please call:	
GARY S. VACURA at (863) 667-4517 (Name of Person) (Area Code & Daytime Telephone Number	er)

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

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 (850) 245-6051

Dear Sir/Madam:

Gary S. Yacura
1653 Deverly Dr.
Lakeland, FL 33801 (863) 667-4517

15 Jun 05

Please find check enclosed in the amount of \$160 for the filing fee for Articles of Organization, Designation of Registered Agent, Certified Copy, and Certificate of Status, for a Limited Liability Company, "Kalinaka." Also enclosed are the required Transmittal Letter and Articles of Organization for Florida Limited Liability Company.

A member managed LLC, Gary S. Yacura, 1653 Deverly Dr., Lakeland, FL 33801, telephone (863) 667-4517, is the registered agent and sole proprietor.

Any questions, guidance or correspondence should be directed to the individual and address provided above.

Appreciatively,

Gary S. W.

Enclosures

as

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	MIS JUN 20 FILE
KALINAKA LLC	SKE A
ARTICLE II - Address: The mailing address and street address of the princi	pal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1653 Deverly Dr. Lakeland, FL 33801	1653 Deverly DR. Laxeland, FL 33801
ARTICLE III - Registered Agent, Registered Of	fice, & Registered Agent's Signature:

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

GARY S. YACURA

1453 Deven DR.

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

Lekeland, FL 33801

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.

(CONTINUED)

<u>Title:</u> · "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGRM	GARY S. YACURA 1653 DEVERLY DR. Lakeland, FL 33801
	્ર 📜
	-
Use attachment if necessary)	
NOTE: An additional article i	must be added if an effective date is requested.
REQUIRED SIGNATURE:	•
REQUIRED SIGNATORE:	
\subseteq	Da Zarma:
Signature of a	member or an authorized representative of a member.
of this document	with section 608.408(3), Florida Statutes, the execution nt constitutes an affirmation under the penalties of perjury ated herein are true.)
	Typed or printed name of signee
	Filing Fees: \$100.00 Filing Fee for Articles of Organization
	C
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)