

L05000076154

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Name \_\_\_\_\_  
Availability \_\_\_\_\_

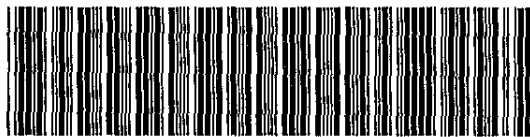
Document Examiner \_\_\_\_\_

Updater \_\_\_\_\_ Office Use Only

Updater Verifier \_\_\_\_\_

Acknowledgement DCC

W. P. Verifier \_\_\_\_\_



100057960561

08/01/05--01024--006 \*\*130.00

FILED  
2005 AUG -1 P 4:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** KREG Properties, 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:

Mr. Gary M. Sturn  
(Name of Person)

KREG Properties, LLC  
(Firm/Company)

3370 Regal Crest Drive  
(Address)

Longwood, FL 32779  
(City/State and Zip Code)

For further information concerning this matter, please call:

Mr. Gary M. Sturn at ( 407 ) 339-5600  
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (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

RECEIVED  
TALLAHASSEE, FLORIDA  
JAN 14 1998  
1 P 4:35

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

**ARTICLE I: NAME**

The Name of the Limited Liability Company is:  
KREG Properties, LLC

**ARTICLE II: ADDRESS**

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

**Principal Office Address:**

**3370 Regal Crest Drive  
Longwood FL 32779**

**Mailing Address:**

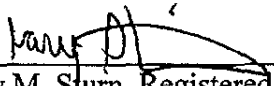
**3370 Regal Crest Drive  
Longwood FL 32779**

**ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT'S SIGNATURE**

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

Gary M. Sturn  
3370 Regal Crest Drive  
Longwood FL 32779

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, F.S.

  
\_\_\_\_\_  
Gary M. Sturn, Registered Agent

**ARTICLE IV: MANAGER(S) OR MANAGING MEMBER(S)**

The name and address of each Manager(MGR) or Managing Member(MGRM) is as  
follows:

MGRM                      Gary M. Sturn  
                                 3370 Regal Crest Drive  
                                 Longwood FL 32779

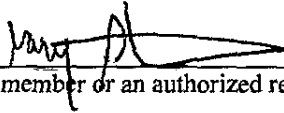
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2005 AUG -1 P 4:35

FILED

MGRM\_

Edith Y. Mensa  
3370 Regal Crest Drive  
Longwood FL 32779



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.)

Gary M. Sturn, Managing Member  
Typed or printed name of signee

FILED

2005 AUG - 1 P 4: 35

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA