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COVER LETTER

TO: Registration So Division of Co		-		
SUBJECT: KRISE	E & RAMBO, LLC	ed Liability Company)		,· -
	(Name of Limite	ed Clability Company)		
The enclosed Articles o	of Organization and fee(s) are s	submitted for filing.		
Please return all corresp	oondence concerning this matte	er to the following:		
Judith A.	Workman			
	(Name of Person)		
Judith A.	Workman, P.A.			•
		(Firm/Company)		
408 Old	Trail Road	1.25		
		(Address)		
Sanibel,	FL 33957			w
- "-	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:	SECIAL PALL/PA	05 SEB
Judith A. Work	man	at (239) 472-322	25 🤼 d	, T-T-7.
(Name	e of Person)	(Area Code & Daytime Tel	lephone Number)	₽ U
Enclosed is a check for	or the following amount:		IZ: 5: OHID, OHID,	
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy	S160.00 Filing Fee, Certificate of Status &	
	.	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)	
				-
	Mailing Address Registration Section	Street/Courier Address Registration Section		

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

Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I - Name:** The name of the Limited Liability Company is: KRISE & RAMBO, LLC (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,") **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address:** Mailing Address: 1417 Steele Street 1417 Steele Street Fort Myers, FL 33901 Fort Myers, FL 33901 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent, You must designate an individual or another business entity with an active Florida registration.)

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..

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

Registered Agent's Signature (REQUIRED

Name

City, State, and Zip

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

Clark G. Rambo

Fort Myers

1417 Steele Street

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ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Joseph M. Ginsberg	
	1333 Bradford Road	
	Fort Myers, FL 33901	
MGRM	Randy Lee Krise	
	1417 Steele Street	
	Fort Myers, FL 33901	
MGRM	Clark G. Rambo	
	1486 Sand Castle Road	4
	Sanibel, FL 33957	
	<u> </u>	
	- 11,	
	7	
(Use attachment if necessary)	DA CONTRACTOR OF THE CONTRACTO	
YEV. Effective data if other than th	ne date of filing: (OPTIONA	۲ì
	be specific and cannot be more than five business day	
dictive date is noted, the date must	be specific and carnot be more than five business day	, I
0 days after the date of filing.)		

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.)

Clark G. Rambo

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)