

LOG000012821

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

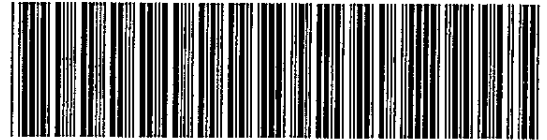
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



500064471015

02/06/06--01027--003 \*\*125.00

FILED

2006 FEB -6 AM 9:39

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

RECEIVED

06 FEB -6 AM 9:50

STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KENNETH LAWMASTER 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:

KENNETH LAWMASTER

(Name of Person)

KENNETH LAWMASTER LLC

(Firm/Company)

1624 S. KNOXVILLE AVENUE

(Address)

TULSA, OK 74112

(City/State and Zip Code)

For further information concerning this matter, please call:

KENNETH LAWMASTER

(Name of Person)

at

918

(Area Code & Daytime Telephone Number)

742-2231

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

2006 FEB - 6 AM 9:39

FILED

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)

Mailing Address

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

Street/Courier Address

Registration Section  
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:

KENNETH LAWMASTER 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:

1624 S. KNOXVILLE AVENUE  
TULSA, OK 74112

### Mailing Address:

1624 S. KNOXVILLE AVENUE  
TULSA, OK 74112

## 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.)

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

KENNETH LAWMASTER

Name

5400 RIVERSIDE DRIVE

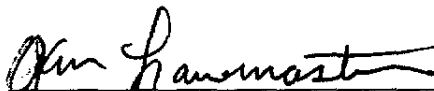
Florida street address (P.O. Box NOT acceptable)

PUNTA GORDA FL 33982

City, State, and Zip

FILED  
2008 FEB -6 AM 9:39  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

**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:**

MGRM

KENNETH LAWMASTER

1624 S. KNOXVILLE AVENUE

TULSA, OK 74112

MGRM

DIANNA LAWMASTER

1624 S. KNOXVILLE AVENUE

TULSA, OK 74112

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: N/A. (OPTIONAL)  
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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

KENNETH LAWMASTER

Typed or printed name of signer

**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)

FILED  
2015 FEB -6 AM 9:39  
CLERK OF STATE  
TALLAHASSEE, FLORIDA