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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Kim & Hol Hessler 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:
Kimberly C. Hessler Hossia P. T. C. Name of Person)
(Firm/Company)
187 Dragonfly Dr.
187 Dragonfly Dr. SEE & Titusville, FL 32780 (City/State and Zip Code)
For further information concerning this matter, please call:
Kimberly Hess/er at (321) 267-5154 (Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\int \\$130.00 Filing Fee & \$\int \\$155.00 Filing Fee & Certified Copy (additional copy is enclosed) \$\int \\$160.00 Filing Fee, Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Registration Section Division of Corporations Division of Corporations

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 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:
(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:
187 Dragonfly Dr. 187 Dragonfly Dr. Titusville, FL 32780
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:
Kimberly C. Hessler
Titusville, FL 32780 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..

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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Harold R. Hessler
MGRM	Kimberly C. Hessler
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the date	te of filing: (OPTIONAL) Decific and cannot be more than five business days prior
REQUIRED SIGNATURE:	2006 F
(In accordance with section	ran authorized representative of a member. SSC 18 18 18 18 18 18 18 18 18 18 18 18 18
Kimber Typed	of 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)