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SECRETARY OF STATE TALLABASSEE, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Kohler Contracting, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filling.	
Please return all correspondence concerning this matter to the following:	
Michael S. Kohler, Jr. (Name of Person)	
Kohler Contracting, LLC	<del>_</del> _
402 N. 6th Street Es	2001
(Address)	SEP 25
Michael Kohler, Tr at (336) 559-4514  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	&
Mailing Address       Street/Courier Address         Registration Section       Registration Section         ▶ Division of Corporations       Division of Corporations	

P.O. Box 6327 Tallahassee, FL 32314

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:

Kohler Contracting, 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:				
402 N 6th St Palotka, FL 32117 Palotka, FL 32177				
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:  Michael S. Kohlen Jr  Name  402 N 644 Street  Florida street address (P.O. Box NOT acceptable)  Palatia FL 32/11  City, State, and Zip	てニファ			
Having been named as registered agent and to accept service of process for the above stated limit 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 statutes relating to the proper and complete performance of my duties, and I am familiar with an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S	ca.			
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:
MGR	Michael S. Kohler, Jr 402 N. 6th Street Migtka, PL 32177
	ALS: 26
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	OF S AFE
(Use attachment if necessary)	
ARTICLE V: Effective date, if other that (If an effective date is listed, the date in to or 90 days after the date of filing.)	an the date of filing: 9/22/06. (OPTIONAL) ust be specific and cannot be more than five business days prior

**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.)

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)