L07000020672

(5)		
; (Re	equestor's Name)	
(Ad	ldress)	
(,,,		
(Ad	ldress)	
		,
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



000088885620

02/22/07--01038--023 **125.00

DIVISION OF CORPORATIONS
OF FIRE 22 PH 1:47

ABRYAN FEB 2 3 2007.

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KLATT & SIVIC PROPERTIES, LL.C. (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:	
LEONARD H. KLATT (Name of Person)	
	01 V.S.
KLATT & SIVIC PROPERTIES, L.L.C. (Firm/Company)	OT FEB 22 PH 1:47
	22 22
7753 S.W. STATE ROAL 200 (Address)	CORPORATION 1:4
(Address)	
OCALA FL 34176 (City/State and Zip Code)	ئے گ
(City/State and Zip Code)	
For further information concerning this matter, please call:	
LEONARD H. KLA77 at (352) a37-3304 (Name of Person) (Area Code & Daytime Telephone Numb	er)
Enclosed is a check for the following amount:	
Certificate of Status Certified Copy Certificate (additional copy is enclosed) Certified C	O Filing Fee, of Status & Copy opy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision 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

KLATT & SIVIC PROPERTIES, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE I - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

eet address of the pri	ncipal office of the I	Limited Liability Con	npany is
	Mailing Address:		•
176 KOAD 200	7753 S.W.	L STATE ROAD	200
anot serve as its own Registe			
treet address of the re	gistered agent are:		<u> </u>
BIL Y. SIU	110	77)ISIC
Name			
53 S.W. S	TATE ROAD	200	CONT
Florida street addr	ess (P.O. Box NOT acc	eptable)	2 分片 分子
ALA,	FL 34476		
City, State, ar	nd Zip		S S
place designated in the to act in this capacity oper and complete per of my position as regis	nis certificate, I hereb I further agree to conformance of my dutient tered agent as provide	y accept the appointm omply with the provis es, and I am familiar v	ient as ions of a vith and
	d Agent, Registered and serve as its own Registered aregistration.) treet address of the registered astreet address of the registration. Name 53 S.W. S. Florida street address of the registered astreet addre	Mailing Address: ATE ROAD 200 7753 5.W 0CALA, F and Agent, Registered Office, & Registered and registration.) Agent are: BIL Y. SIVIC Name S.W. STATE ROAD Florida street address (P.O. Box NOT acc CALA, FL City, State, and Zip Sistered agent and to accept service of proceute act in this capacity. I further agree to accopt my position as registered agent as provided to fine position as registered agent as provided to fine position as registered agent as provided to accept and complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent as provided to the complete performance of my duties of my position as registered agent and the complete performance of my duties of my position as registered agent and the complete performance of my duties of my position as registered agent and the complete performance of my duties of my position as registered agent and the complete performance of my duties of my position as registered agent and the complete performance of my dutie	d Agent, Registered Office, & Registered Agent's Signature and registration.) treet address of the registered agent are:

(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" = Manage		Name and Address:	
	"MGRM" = Mana	nging Member	LEONARD H. KLATI 7753 S.W. STATE R. OCALA, FL 3447	040 200
	MGPM		5481L Y. SIVIC 7757 S.W. STATER OCALA, FL 34476	
		_		OT FEB 22
	• .			PH 1:
	(Use attachment i	f necessary)		
If an	CLE V: Effective d effective date is list 90 days after the da	ed, the date must be s	te of filing: pecific and cannot be more than fiv	(OPTIONAL) e business days prior
	REQUIRED SIG	NATURE:		
		Signature of a member o	r an authorized representative of a mem	ber.
		(In accordance with section of this document constitut that the facts stated here	on 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of persin are true.)	סמ
		Typec	H, KLAT7 d 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)