10700051871

(Re	equestor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Na	me)
(Do	cument Number)	<u> </u>
Certified Copies	_ Certificate:	s of Status
Special Instructions to	Filing Officer:	
		LS

Office Use Only



600103405156

05/30/07--01043--007 **130.00

SECRETARY OF STATE TAIL AHASSEE, FLORID!

COVER LETTER

Division of Co					
_{SUBJECT:} Kidwell	Enterprises, LLC				
	(Name of Limite	d Liability	Com	oany)	····
The enclosed Articles o	f Organization and fee(s) are s	ubmitted f	or fili	ıg.	
Please return all corresp	ondence concerning this matte	er to the fo	llowin	g:	
	Bonnie	T. Kid	well		
	(1	Name of Po	erson)		
	Kidwell Eı	nterpris	ses,	LLC	
	((Firm/Comp	oany)		
	18454 Ara	apaho	e Ci	rcle	
		(Addres	s)		
	Port Charl	otte F	L 3	3948	
	(City	/State and 2	Zip Coo	ie)	
For further information	concerning this matter, please	call:			
Bonnie T. Kidwel	ľ	at (941		, 286-442	2
(Name	of Person)			de & Daytime T	elephone Number)
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certific	d Co	Filing Fee & py 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	R D C 2	egistra ivision lifton 661 Ex	Courier Addression Section of Corporation Building secutive Center ssee, FL 32301	ns · Circle

RTICLES OF ORGANIZATION FO	OR FLORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
Kidwell Enterprises, 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	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
18454 Arapahoe Circle	18454 Arapahoe Circle
Port Charlotte FL 33948	Port Charlotte FL 33948
The name and the Florida street address of Stephen D. Kidwell, Ste	r. Name
Port Charlotte	EI 33948
	, State, and Zip
liability company at the place designa	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of all
statutes relating to the proper and comp accept the obligations of my position	olete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

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" = Man "MGRM" = M	ager anaging Member	Name and Address:		
MGRM		Stephen D. Kidwell, Sr.		
	 -	18454 Arapahoe Circle		-
		Port Charlotte FL 33948		_
MGRM		Bonnie T. Kidwell		
		18454 Arapahoe Circle		_
		Port Charlotte FL 33948	•	_
				_
				-
				<u>-</u> -
				_
LE V: Effective		e date of filing: be specific and cannot be more than five b		
CLE V: Effective ffective date is days after the	re date, if other than the listed, the date must be date of filing.)			
CLE V: Effective ffective date is days after the	e date, if other than the listed, the date must b			
CLE V: Effective ffective date is days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE:		usiness	
CLE V: Effective ffective date is days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member (In accordance with se	er or an authorized representative of a member.	usiness	
CLE V: Effective ffective date is days after the	listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document const	er or an authorized representative of a member.	usiness	s days
CLE V: Effective ffective date is days after the	re date, if other than the listed, the date must be date of filing.) SIGNATURE: Signature of a member of this document constitute the facts stated bonnie T. Kidwell	er or an authorized representative of a member.	usiness	s days
CLE V: Effective ffective date is days after the	Signature of a member of this document constituted before Types of the facts stated before Types of the facts	er or an authorized representative of a member action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	usiness	s days
CLE V: Effective ffective date is days after the REQUIRED S	Signature of a member of this document constitute that the facts stated Bonnie T. Kidwell	er or an authorized representative of a member action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	SECRETARY TALLAHASSE	2007 HAY 30
CLE V: Effective ffective date is days after the REQUIRED S Filing Fe \$125.00 Filing of R	Signature of a member of this document constitute that the facts stated Bonnie T. Kidwell	er or an authorized representative of a member action 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)	SECRETARY TALLAHASS	s days