## L070006/779

| (Re                       | equestor's Name)  |             |  |
|---------------------------|-------------------|-------------|--|
| (Address)                 |                   |             |  |
| (Address)                 |                   |             |  |
| (Cit                      | y/State/Zip/Phon  | e #)        |  |
| PICK-UP                   | ☐ WAIT            | MAIL        |  |
| (Bu                       | siness Entity Nar | me)         |  |
| (Document Number)         |                   |             |  |
| Certified Copies          | Certificates      | s of Status |  |
| Special Instructions to I | Filing Officer:   |             |  |
|                           |                   |             |  |
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|                           |                   |             |  |

Office Use Only



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SECRETARY OF STATE DIVISION OF CORPORATIONS

## **COVER LETTER**

| TO: Registration Section Division of Corporations |   |  |   |               |                                  |
|---|---|--|---|---------------|----------------------------------|
| SUBJECT: Kraftsm                                  | (Name of Limited L  |  | Services  |               |                                  |
| The enclosed Articles of Organiza                 | tion and fee(s) are subr  | nitted for filing.   |   |               |                                  |
| Please return all correspondence co               | oncerning this matter to  | o the following:   |   |               |                                  |
| Keith 1   | . Valent  | nee  |   |               |                                  |
|   | (Nar  | me of Person)  |   |               |                                  |
| Kraftsa   | an Ha-  | denan  | Services  |               |                                  |
| A   | (Fir  | m/Company)   |   |               |                                  |
| 9809 C  | priss f   | Kwy.   |   |               |                                  |
|   | ). (  | (Address)  | _   | 07            | IVIO                             |
| Doynton,  | Beach   | F1. 334.   | 37  | NUL NUL       | SOS<br>ECHE                      |
| 9 ()  | (City/Sta   | ate and Zip Code)  |   |               | 유로                               |
| For further information concerning                | this matter, please cal   | l:   |   | PH 3: 47      | 25.82<br>25.82<br>25.83<br>25.83 |
| Keith L. Vale                                     | utive at  | (561) 740<br>(Area Code & Daytime  | 3883  | g: <b>[-]</b> | OF STATE<br>DRPORATIONS          |
| (Name of Person)                                  |   | (Area Code & Daytime   | Telephone Number)   |               |                                  |
| Enclosed is a check for the follo                 | wing amount:  |  |   |               |                                  |
| \$125.00 Filing Fee \$130 Certific                | ate of Status (   | \$155.00 Filing Fee & Certified Copy additional copy is enclosed)  | \$160.00 Filing F<br>Certificate of Status<br>Certified Copy<br>(additional copy is enclosed) | &             |                                  |
| Registra<br>Divisior<br>P.O. Bo                   | Address<br>tion Section<br>of Corporations<br>x 6327<br>see, FL 32314 | Street/Courier Addr<br>Registration Section<br>Division of Corporat<br>Clifton Building<br>2661 Executive Cent<br>Tallahassee, FL 3230 | ions<br>er Circle   |               |                                  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

| Kraftsman Hardy nan  | Services  | LLC                                   |              |
|--|---|---------------------------------------|--------------|
| (Must end with the words "Limited Liability Company, "Limited  | Company" or their abbrevi                           | iation "LLC," or "L.C.,")             |              |
| ARTICLE II - Address: The mailing address and street address of the prin   | ncipal office of the L                              | imited Liability Com                  | pany is:     |
| Principal Office Address:  | Mailing Address:                                    |                                       |              |
| 9509 Cypress Pkwy.   | Same as   | other_                                |              |
| Boyrton Beach, FC 33437  |   |                                       |              |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration. | ed Agent. You must design                           |                                       | ISIAI<br>SEC |
| Keel Valeila   | <u></u>   | <u> </u>                              | · · · · ·    |
| 9509 Cypress   | PLJ. sss (P.O. Box <u>NOT</u> accept EL 33437 d Zip | بــــــــــــــــــــــــــــــــــــ | RATIONS      |

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

| Title: "MGR" = Manag                      | 70*  | Name and Address:   |
|---|--|---|
| "MGRM" = Mar                              |  |   |
| Pres                                      |  | Keith Valentine   |
|   |  | Boy to Bouch FL 3343  |
| Tres.                                     |  | Mary Salertine  |
|   |  | Bronton Board FT, 032437  |
| Sect.                                     |  | Clardina Valentine  |
|   |  | hauton, OKlas 73501   |
|   |  |   |
|   |  |   |
| (Use attachment                           | if necessary)  | JUN   |
|   |  | te of filing: (OPTIONAL)  |
| ffective date is lis<br>days after the da |  | pecific and cannot be more than five business days prio<br>چنج علیہ   |
| <b>.</b>                                  | 5,   | TATE ONS 3: 47  |
| REQUIRED SIG                              | GNATURE:   | r   |
|   | W 2  | (), () = (2.5°  |
|   | Signature of a member of   | r an authorized representative of a member.   |
|   | (In accordance with section of this document constitute that the facts stated here | n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjury in are true. |
|   | Keith  | Lo Valentine Tor printed name of signee   |
| Filing Face                               | • •  | or bringer unite or orBuse  |

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)