

LO8000013119

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



200116775132

02/05/08--01007--003 \*\*125.00

FILED  
08 FEB -5 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

N. Outigan FEB - 6 2008



2/4/08

RAYMOND H. KUHARSKI  
10335 SE. 138<sup>TH</sup> PLACE ROAD  
SUMMERFIELD FLA, 34491-2720

I AM REQUESTING TO L.L.C. MY COMPANY  
KNOW AS "FLORIDA SHEARS".

THANK YOU

Raymond H. Kuharski Sr

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

FLORIDA SHEARS L.L.C.

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

### ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

10335 SE. 138<sup>TH</sup> PLACE ROAD SAME  
SUMMERFIELD FLA  
34491-2720

### 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:

RAYMOND H. KUHARSKI SR  
10335 SE. 138<sup>TH</sup> PLACE ROAD  
Name  
Florida street address (P.O. Box NOT acceptable)  
SUMMERFIELD FL 34491-2720  
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.*

Raymond H. Kuharski Sr.  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
08 FEB -5 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

M.G.R

M.G.R.M

**Name and Address:**

RAYMOND H. KUHARSKI SR  
10335 SE 138TH PLACE ROAD  
SUMMERFIELD FLA 34491-2720

LINDA KUHARSKI  
10335 SE 138TH PLACE ROAD  
SUMMERFIELD FLA 34491-2720

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_.

(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

Linda Kuharski

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.)

LINDA KUHARSKI

Typed or printed name of signee

FILED  
08 FEB -5 AM 11:32  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**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)**