

LD80000015711

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

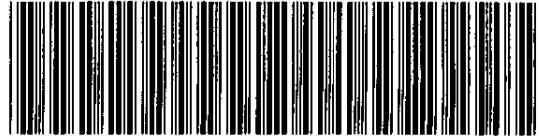
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700117743567

02/12/08--01031--002 **155.00

FILED
08 FEB 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Ouligan FEB 13 2008

**Law Office of
Jamie B. Greusel, Esquire**

1104 North Collier Boulevard
Marco Island, FL 34145
239-394-8111

Jamie B. Greusel
Licensed in FL and NJ

February 6, 2008

Department of State
Registration Section
Clifton Building
2661 Executive Center Circle
Tallahassee, Florida

Re: Austin Family, LLC

Gentlemen/Ladies:

Enclosed please find:

1. Two original Articles of Organization for Austin Family, LLC;
2. Check in the amount of \$155.00 for the filing fee and certified copy.

Kindly file.

Sincerely,



Jamie B. Greusel, Esq.

JBG/rs
Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Austin Family, LLC

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

ARTICLE II - Address:

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

Principal Office Address:

10540 Marty St., Suite 200
Overland Park, KS 66212

Mailing Address:

10540 Marty St., Suite 200
Overland Park, KS 66212

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:

Jamie B. Greusel, Esq.

Name

1104 North Collier Blvd.

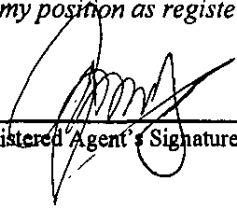
Florida street address (P.O. Box NOT acceptable)

Marco Island, FL 34145

City, State, and Zip

FILED
08 FEB 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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

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

Name and Address:

MGR

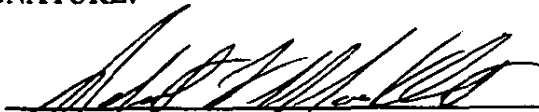
Robert F. Mackle JR
10540 Marty Street, Suite 200
Overland Park, KS 66212

(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:



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)

Robert F. Mackle JR

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)**

FILED
08 FEB 12 AM 11:48
SECRETARY OF STATE
TALLAHASSEE FLORIDA