

W08000016229

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

Office Use Only



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02/13/08--01019--005 **125.00

FILED
2008 FEB 13 P 2:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

A. LUNT
FEB 14 2008
EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kimberly Vogt, LLC
(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:

Kimberly Vogt
(Name of Person)
Kimberly Vogt, LLC
(Firm/Company)
19412 Otters Wick Way
(Address)
Land O'Lakes, FL 34638
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

Kimberly Vogt at (813) 293-2817
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy 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

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kimberly Vogt, 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:

Mailing Address:

19412 Otterswick Way
Land O Lakes, FL
34638

Same

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:

Kimberly Vogt
Name

19412 Otterswick Way
Florida street address (P.O. Box **NOT** acceptable)
Land O Lakes, FL 34638
City, State, and Zip

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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..

Kimberly Vogt
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

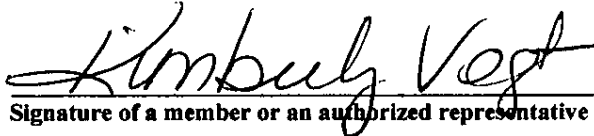
Name and Address:

_____	_____
_____	_____
_____	_____
_____	_____
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_____	_____
_____	_____
_____	_____
_____	_____
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(Use attachment if necessary)

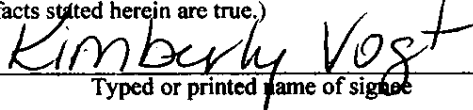
ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)



Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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)

Application for Employer Identification Number

(For use by employers, corporations, partnerships, trusts, estates, churches, government agencies, Indian tribal entities, certain individuals, and others.)

▶ See separate instructions for each line. ▶ Keep a copy for your records.

OMB No. 1545-0003

EIN

Type or print clearly.	1 Legal name of entity (or individual) for whom the EIN is being requested <u>Kimberly Vogt, LLC</u>	
	2 Trade name of business (if different from name on line 1)	3 Executor, administrator, trustee, care of name <u>Kimberly Vogt</u>
	4a Mailing address (room, apt., suite no. and street, or P.O. box) <u>19412 Otterswick Way</u>	5a Street address (if different) (Do not enter a P.O. box.)
	4b City, state, and ZIP code (if foreign, see instructions) <u>Land O' Lakes FL 34638</u>	5b City, state, and ZIP code (if foreign, see instructions)
	6 County and state where principal business is located <u>Pasco, Florida</u>	
	7a Name of principal officer, general partner, grantor, owner, or trustor <u>Kimberly Vogt</u>	7b SSN, TIN, or EIN <u>149-70-2560</u>
	8a Is this application for a limited liability company (LLC) or a foreign equivalent? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	8b If 8a is "Yes," enter the number of LLC members <u>1</u>	
	8c If 8a is "Yes," was the LLC organized in the United States? <input checked="" type="checkbox"/> Yes <input type="checkbox"/> No	
	9a Type of entity (check only one box). Caution. If 8a is "Yes," see the instructions for the correct box to check.	
	<input checked="" type="checkbox"/> Sole proprietor (SSN) <u>149-70-2560</u> <input type="checkbox"/> Estate (SSN of decedent) _____	
	<input type="checkbox"/> Partnership <input type="checkbox"/> Plan administrator (TIN) _____	
	<input type="checkbox"/> Corporation (enter form number to be filed) ▶ _____ <input type="checkbox"/> Trust (TIN of grantor) _____	
	<input type="checkbox"/> Personal service corporation <input type="checkbox"/> National Guard <input type="checkbox"/> State/local government	
	<input type="checkbox"/> Church or church-controlled organization <input type="checkbox"/> Farmers' cooperative <input type="checkbox"/> Federal government/military	
	<input type="checkbox"/> Other nonprofit organization (specify) ▶ _____ <input type="checkbox"/> REMIC <input type="checkbox"/> Indian tribal governments/enterprises	
	<input type="checkbox"/> Other (specify) ▶ _____ Group Exemption Number (GEN) if any ▶ _____	
	9b If a corporation, name the state or foreign country (if applicable) where incorporated	State Foreign country
	10 Reason for applying (check only one box)	
	<input checked="" type="checkbox"/> Started new business (specify type) ▶ <u>Insurance</u> <input type="checkbox"/> Banking purpose (specify purpose) ▶ _____	
	<input type="checkbox"/> Hired employees (Check the box and see line 13.) <input type="checkbox"/> Changed type of organization (specify new type) ▶ _____	
	<input type="checkbox"/> Compliance with IRS withholding regulations <input type="checkbox"/> Purchased going business	
	<input type="checkbox"/> Other (specify) ▶ _____ <input type="checkbox"/> Created a trust (specify type) ▶ _____	
	<input type="checkbox"/> Created a pension plan (specify type) ▶ _____	
	11 Date business started or acquired (month, day, year). See instructions. <u>2/1/08</u>	12 Closing month of accounting year <u>12</u>
	13 Highest number of employees expected in the next 12 months (enter -0- if none).	
	Agricultural <input checked="" type="checkbox"/> Household <input checked="" type="checkbox"/> Other <input checked="" type="checkbox"/>	
	14 Do you expect your employment tax liability to be \$1,000 or less in a full calendar year? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No (If you expect to pay \$4,000 or less in total wages in a full calendar year, you can mark "Yes.")	
	15 First date wages or annuities were paid (month, day, year). Note. If applicant is a withholding agent, enter date income will first be paid to nonresident alien (month, day, year) ▶	
	16 Check one box that best describes the principal activity of your business.	
	<input type="checkbox"/> Construction <input type="checkbox"/> Rental & leasing <input type="checkbox"/> Transportation & warehousing <input type="checkbox"/> Health care & social assistance <input type="checkbox"/> Wholesale-agent/broker	
	<input type="checkbox"/> Real estate <input type="checkbox"/> Manufacturing <input checked="" type="checkbox"/> Finance & insurance <input type="checkbox"/> Accommodation & food service <input type="checkbox"/> Wholesale-other <input type="checkbox"/> Retail	
	<input type="checkbox"/> Other (specify) _____	
	17 Indicate principal line of merchandise sold, specific construction work done, products produced, or services provided. <u>Life, Death, Annuities</u>	
	18 Has the applicant entity shown on line 1 ever applied for and received an EIN? <input type="checkbox"/> Yes <input checked="" type="checkbox"/> No	
	If "Yes," write previous EIN here ▶	

Third Party Designee	Complete this section only if you want to authorize the named individual to receive the entity's EIN and answer questions about the completion of this form.	
	Designee's name	Designee's telephone number (include area code) ()
	Address and ZIP code	Designee's fax number (include area code) ()
Under penalties of perjury, I declare that I have examined this application, and to the best of my knowledge and belief, it is true, correct, and complete.		Applicant's telephone number (include area code) <u>(813) 293-2817</u>
Name and title (type or print clearly) ▶ <u>Kimberly Vogt, owner</u>		Applicant's fax number (include area code) <u>(813) 1651-5330</u>
Signature ▶ <u>Kimberly Vogt</u>		Date ▶ <u>2/7/08</u>