## L08000020147

(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



000118610020

02/25/08--01025--017 \*\*130.00

08 FEB 25 PM 2: 31
SECRETARY OF STATE

84. Outligan FEB 2 o 2008

## **COVER LETTER**

TO:	Registration S Division of Co				
SURII	<sub>ccr.</sub> Kirsch	atella, LLC			
5020			ed Liability Compa	my)	
	\$				<del>195</del> *
The en	closed Articles o	f Organization and fee(s) are	submitted for filing	<b>g</b> .	
Please	return all corresp	condence concerning this mat	ter to the following	;	•
	James V.	Kirsch			
			(Name of Person)		
	Kirschate	lla, LLC			•
			(Firm/Company)		
	232 Olear	nder Street			
			(Address)	·	<del>, , , </del>
	Neptune I	Beach, FL 32266			,
		(Cit	ty/State and Zip Code	2)	· · · · · · · · · · · · · · · · · · ·
For fur	ther information	concerning this matter, pleas	e call:	•	
Jam	es V. Kirs	ch	at ( 407 .	221-651	4
	(Name	e of Person)		e & Daytime Tele	phone Number)
Enclos	sed is a check for	or the following amount:			
<b>\$</b> 125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	ру	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporations duilding occutive Center Core, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kirschatella, LLC.  (Must end with the words "Limited Liability	Company "I.I.C." or "I.I.C.")
(Must end with the words "Limited Liability	y Company, "L.L.C., or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1553 Eagle Nest Circle	232 Oleander Street
Winter Springs, FL 32266	Neptune Beach, FL 32266
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
James Hirz	CRE TEB
Name	ASS ASS
131 Oleancer 5	ess (P.O. Box NOT acceptable)  FOR THE STATE OF THE STATE
Neptune Beach, City, State, ar	FL 37.76 C
City, State, at	ine easy

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)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

"MGR" = Mana		Name and Address:	
"MGRM" = Ma	iger maging Member		
GM		James Kirsch, General Manager	
	<del></del>	232 Oleander Street	······
		Neptune Beach, FL 32266	
		Heptune Deadil, FL 32200	
MGRM		David Kirsch, Managing Member	
	<del></del>	11615 Shilpa Court	
		Orlando, FL 32817	
		<del></del>	<u> </u>
		•	
·	<u> </u>		
(Use attachment	t if necessary)		
(Use attachment	t if necessary)		
CLE V: Effective	e date, if other than the		. (OPTIONAL
LE V: Effective	e date, if other than the isted, the date must be late of filing.)	date of filing:e specific and cannot be more than five I	business days  SEC
LE V: Effective ffective date is lid days after the continuation of the continuation o	e date, if other than the isted, the date must be late of filing.)		business days  08 FEB  SECRE
CLE V: Effective ffective date is li days after the c	e date, if other than the isted, the date must be date of filing.)  IGNATURE:		SECRETARY TALLAHASS
LE V: Effective ffective date is lid days after the continuation of the continuation o	e date, if other than the isted, the date must be date of filing.)  IGNATURE:  Signature of a membe  (In accordance with sec	er or an authorized representative of a member ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjur	SECRETARY OF TALLAHASSEE F

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)