

LD80000063397

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

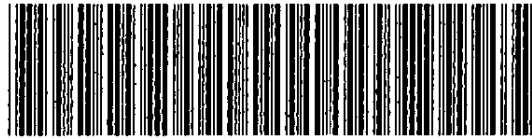
Special Instructions to Filing Officer:

L. SELLERS

JUN 30 2008

EXAMINER

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CLERK OF COURT
TALLAHASSEE, FLORIDA

2008 JUN 27 PM 3:35

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: J Kelz Liners, 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:

Richard D. Bell

(Name of Person)

Donovan Bell and Associates, CPA's PA

(Firm/Company)

3670 US Hwy 1 South, Ste. 290

(Address)

St. Augustine, FL 32086

(City/State and Zip Code)

For further information concerning this matter, please call:

Richard D. Bell

(Name of Person)

at (904) 797-6660

(Area Code & Daytime Telephone Number)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the limited Liability Company is:

J Kelz Liners, LLC

ARTICLE II – Address:

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

Principal Office Address:

6271 CR 208

St. Augustine, FL 32092

Mailing Address:

6271 CR 208

St. Augustine, FL 32092

ARTICLE III – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

John Kelz

Name

6271 CR 208

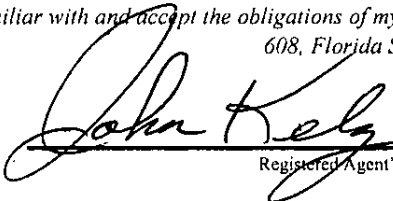
Florida street address (P O. Box **NOT** acceptable)

St. Augustine, FL 32092

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated 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, Florida Statutes.



Registered Agent's Signature

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

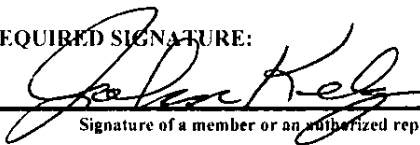
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u>	<u>Name and Address</u>
"MGR" = Manager	
"MGRM" = Managing Member	
<u>MGRM</u>	<u>John Kelz</u>
	<u>6271 CR 208</u>
	<u>St. Augustine, FL 32092</u>
<u>MGR</u>	<u>Mary Kelz</u>
	<u>6271 CR 208</u>
	<u>St. Augustine, FL 32092</u>
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(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

John Kelz

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization
\$ 25.00 Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA