

LO8000067563

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

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(Business Entity Name)

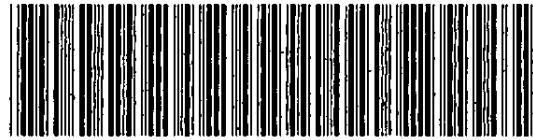
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TALLAHASSEE, FLORIDA

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T. CLINE

JUL 14 2008

EXAMINER



FLORIDA DEPARTMENT OF STATE
Division of Corporations

June 20, 2008

MEREDITH HERNANDEY
3617 CROWN POINT ROAD SUITE 2
JACKSONVILLE, FL 32257

SUBJECT: THE KERWICK GROUP LLC
Ref. Number: W08000029946

We have received your document for THE KERWICK GROUP LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on June 19, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 508A00037649

2008 JUN 19 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: The KERWICK Group L.L.C.
(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:

Hernandez, Meredith A
(Name of Person)

(Firm/Company)

3617 CROWN POINT ROAD Suite 2
(Address)

JACKSONVILLE, FL. 32257
(City/State and Zip Code)

For further information concerning this matter, please call:

STEVEN KERWICK at (904) 262-2638
(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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The KERWICK Group 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:

3617 CROWN POINT RD. SUITE 2 P.O. Box 57487
JACKSONVILLE, FL. 32257 JACKSONVILLE, FL 32241

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:

Meredith Allen Hernandez P.A.

Name

3617 CROWN POINT RD. #2

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

JACKSONVILLE FL 32257

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..

Meredith Allen Hernandez

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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:

MGRM

STEVEN KERWICK

12109 WEATHERWOOD ESTATES P.O. BOX
JACKSONVILLE, FL 32223

MGRM

MELISSA KERWICK

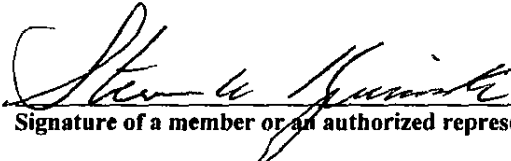
12109 WEATHERWOOD ESTATES P.O. BOX
JACKSONVILLE, FL 32223

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JUNE 18, 2008 (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.)

STEVEN A. KERWICK

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
JUN 18 2008 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA