

L08000088844

(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



000135985030

09/17/08--01015--021 \*\*125.00

FILED  
08 SEP 17 PM 12:52  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

9/18/08

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Kyle Binninger Construction, 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:

Randolph F. Jones, CPA  
(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:

Randolph F. Jones, CPA at ( 904 ) 797-6660  
(Name of Person) (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:

Kyle Binninger Construction, LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

Kyle Binninger Construction, LLC

114 Herons Nest Lane

St. Augustine, FL 32080

**Mailing Address:**

Kyle Binninger Construction, LLC

114 Herons Nest Lane

St. Augustine, FL 32080

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

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

Kyle Binninger

Name

114 Herons Nest Lane

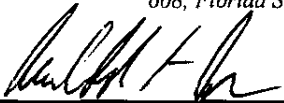
Florida street address (P.O. Box **NOT** acceptable)

St. Augustine, FL 32080

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

**FILED**  
08 SEP 17 PM 12:52  
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:

**Title:**

“MGR” = Manager

“MGRM” = Managing Member

**Name and Address**

MGRM

Kyle Binninger

114 Herons Nest Lane

St. Augustine, FL 32080

(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.)

Kyle Binninger

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)

