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EXAMINER

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TO:	Registration Sec Division of Corp				
SUBJI	CT. Calkins	& Calkins, LLC			
3000		· · · · · · · · · · · · · · · · · · ·	ed Liability Compa	ny)	
The en	closed Articles of C	organization and fee(s) are	submitted for filing		
Please	return all correspon	dence concerning this mat	ter to the following:		
	Jessica M.	Calkins			. 0
			(Name of Person)		P. F.
	Calkins & C	alkins, LLC			55
			(Firm/Company)		SS F
	8216 Gulf E	loulevard #E			E E S
			(Address)		
	Navarre, FL	. 32566			V CZ J
		(Cit	y/State and Zip Code))	•
For fu	ther information co	ncerning this matter, please	e call:		
Jess	sica M. Calk	ins	at (850)	377-155	I
	(Name of	Person)	(Area Code	& Daytime Tele	phone Number)
Enclos	sed is a check for t	he following amount:			
\$125	.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Cop (additional copy	у	\$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	Registration Division of Clifton Bu 2661 Exec	of Corporations	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Calkins & Calkins, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
8216 Gulf Boulevard #E	8216 Gulf Boulevard #E
Navarre, FL 32566	Navarre, FL 32566
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another egistered agent are:
Kilgore Realty, LLC	
Name	ess (P.O. Box NOT acceptable)
8668 Navarre Parkwa	ay #337
	ress (P.O. Box NOT acceptable)
Navarre, FL 32566	
City, State, ar	nd Zip
liability company at the place designated in th	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as . I further agree to comply with the provisions of a
statutes relating to the proper and complete per	formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S

(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:

er	Name and Address:
	Jessica M. Calkins
	8216 Gulf Boulevard #E
	Navarre, FL 32566
	James L. Calkins
	8216 Gulf Boulevard #E
	Navarre, FL 32566
nan th nust l	ne date of filing: (OPTIO be specific and cannot be more than five business
<u>U</u> memi	ber or an authorized representative of a member.
nt cons	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
	Calkins

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)

Typed or printed name of signee