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## **COVER LETTER**

TO: Registration S Division of Co							
SURJECT, Kamre	SUBJECT: Kamrell Starling Bruton, LLC.						
5000ECT.	(Name of Limited Liability Company)						
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	g.				
Please return all corresp	ondence concerning this mat	tter to the following	<b>&gt;</b> -				
Daniel Ka	mmerer						
		(Name of Person)					
Daniel Ka	mmerer, Inc.						
(Firm/Company)							
2405 Sou	th Indian River Dri	ive					
<del> </del>		(Address)					
Fort Pierc	e, Florida 34950						
(City/State and Zip Code)							
For further information	concerning this matter, pleas	se call:					
Daniel Kamme	erer	_ <sub>at (</sub> 954	, 605-782	27			
(Name	of Person)	(Area Code & Daytime Telephone Number)					
Enclosed is a check for	or the following amount:						
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Copy (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 Taliahassee, FL 32314	Registration of Clifton B 2661 Exe	ourier Addression Section of Corporation suilding secutive Center (see, FL 32301	ns			

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Kamrell Starling Bruton, 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:
1904 Hartman Road	Same
Fort Pierce, Florida 34947	Same
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.  Daniel Kammerer  Name	egistered agent are:
1904 Hartman Road	9: 52 FLORID
	ress (P.O. Box NOT acceptable)
Fort Pierce, Florida 3	34947
City, State, an	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept 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 all 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

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:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGRM	Daniel Kammerer	
	2405 South Indian River Drive	
	Fort Pierce, Florida 34950	
MGRM	William A. Starling	
	3322 Sunrise Blvd.	
	Fort Pierce, Florida 34982	
MGRM	Christopher Bruton	
	2256 S.W. Manele Place	
	Palm City, Florida 34990	
MGRM	Bruce M. Tyrrell	
	2441 S.E. Golfwood Drive	
	Stuart, Florida 34996	

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 1009 (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.)

Daniel Kammerer

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)