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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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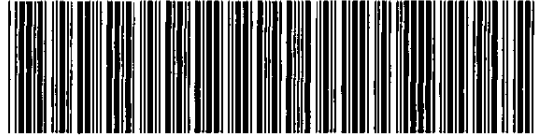
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TALLAHASSEE, FLORIDA

McDowell, Rice, Smith & Buchanan

RALPH W. SHAW
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A PROFESSIONAL CORPORATION
ATTORNEYS AT LAW
SKELLY BUILDING
SUITE 350
605 WEST 47TH STREET
KANSAS CITY, MISSOURI 64112-1905
(816) 753-5400 FAX (816) 753-9996

February 20, 2009

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

In re: ARTBRU PARTNERS II, LLC
MRS&B File No. C01780.022

Ladies / Gentlemen:

In connection with the above-referenced matter, please find enclosed the following:

1. Cover Letter;
2. Original and copy of Articles of Organization for ARTBRU PARTNERS II, LLC;
3. Our firm check in the amount of \$125.00 in payment of the filing fee; and
4. Self-addressed, return envelope.

Please file the Articles of Organization as soon as possible and return a file-stamped copy in the enclosed return envelope. If you have any questions or require any additional information, please feel free to call. Thank you.

Very truly yours,

McDowell, Rice, Smith & Buchanan
a professional corporation

Ralph W. Shaw

Ralph W. Shaw
Paralegal

RWS: / Enclosures

cc: Joc A. Harter

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TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: ARTBRU PARTNERS II, 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:

RALPH W. SHAW, Paralegal

(Name of Person)

MCDOWELL, RICE, SMITH & BUCHANAN, PC

(Firm/Company)

605 WEST 47TH STREET, SUITE 350

(Address)

KANSAS CITY, MO 64112

(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

RALPH W. SHAW, Paralegal at (816) 753-5400
(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

ARTBRU PARTNERS II, 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:

c/o BRUCE RIESMAN
12509 RUSSELL STREET
OVERLAND PARK, KS 66209

Mailing Address:

c/o BRUCE RIESMAN
12509 RUSSELL STREET
OVERLAND PARK, KS 66209

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:

NRAI SERVICES, INC.

Name

2731 Executive Park Drive, Suite 4

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

Weston, FL 33331

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..

Sue Johnson, asst. secretary
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGR

BRUCE RIESMAN

12509 RUSSELL

OVERLAND PARK, KS 66209

MGR

ARTHUR LIEBENTHAL

5012 WEST 128TH STREET

LEAWOOD, KS 66209

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TALLAHASSEE, FLORIDA

(Use attachment if necessary)

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

JOE A. HARTER

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)