

1090000035385

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

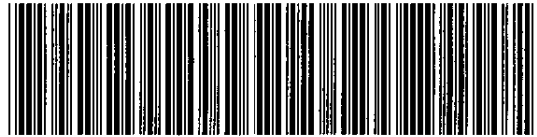
Special Instructions to Filing Officer:

**L. SELLERS**

APR 13 2009

**EXAMINER**

Office Use Only



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04/10/09--01007--002 \*\*155.00

FILED  
09 APR 10 AM 8:16  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780

April 6, 2009

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

RE: KRI REFERRALS, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee	\$125.00
Certified Copy	\$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service  
2650 Baywood Drive  
Titusville, Florida 32780  
321.480.9789

Sincerely,



Carol Allison

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I**

Name of Limited Liability Company is:

KRI REFERRALS, LLC.

**ARTICLE II**

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

**Principal Office Address:**

**Mailing Address:**

1540 Shelley Place  
Titusville, Florida 32780

1540 Shelley Place  
Titusville, Florida 32780

**ARTICLE III**

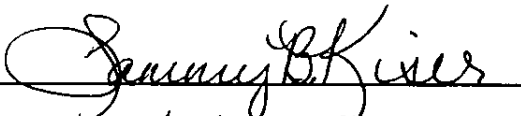
Registered Agent, Registered Office, & Registered Agent's Signature:

*(You must designate an individual or another business with an active Florida registration)*

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

Tammy B. Kiser  
2586 Christopher Drive  
Titusville, Florida 32780

*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.*

  
Date 4-7-09

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

09 APR 10 AM 8:16

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**ARTICLE IV**

Manager or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

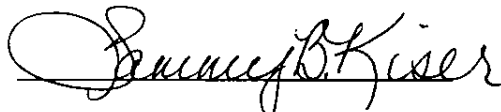
<u>Title</u>	<u>Name and Address</u>
"MGR"=Manager	
"MGRM"=Managing Member	
 <u>MGRM</u> _____ _____	 <u>Tammy B. Kiser</u> <u>2586 Christopher Drive</u> <u>Titusville, Florida 32780</u>

**ARTICLE V (Optional)**

Effective date, if other than the date of filing: File Date

*(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:



Tammy B. Kiser

*(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.)*

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