

LOG 000057227

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

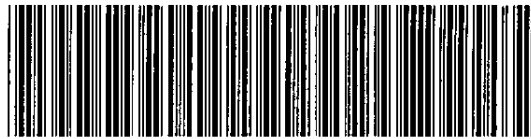
(Document Number)

Certified Copies _____

Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



100156815121

06/11/09--01033--020 **160.00

2009 JUN 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

T. CLINE

JUN 12 2009

EXAMINER

ABEL, TOBAYGO & SISEK
(AN ASSOCIATION OF PROFESSIONAL CORPORATIONS)
ATTORNEYS AND COUNSELORS AT LAW

SARASOTA

3307 Clark Road, Suite 201
Sarasota, Florida 34231
Telephone: (941) 922-0828
FAX: (941) 922-0987
Fax (941) 922-0987

TOLL FREE (877)922-0828

GREGG W. ABEL, ESQ. *
ANGELA D. TOBAYGO, ESQ.
MARGARET L. SISEK, ESQ. **
W. SCOTT VAN NESS, Esq.
HARRY M. WALSH, J.D. / Paralegal
NANCY P. PERLISKI, J.D. / Paralegal
MIGUEL A. PEREZ, ACA

TAMPA

(813) 300-4711

*Also licensed in Texas
** Also licensed in Ohio

June 8, 2009

Registration Section
Division of Corporations
P.O. Box 6372
Tallahassee, Florida 32314

Re: New Corporation Filing

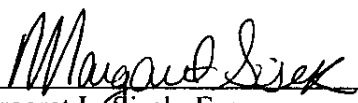
Dear Sir/Madam:

Enclosed, please find the paperwork necessary to start a new LLC in Florida. I have also enclosed check number 1366 in the amount of \$160.00 to satisfy the filing fee.

Please return all correspondence and communication direction to Kathy B. Klepper at 1804 S. Orange Avenue, Sarasota, Florida 34236.

Should you have any questions, please telephone my office.

Sincerely,


Margaret L. Sisek, Esq.

Enclosures

FILED
2009 JUN 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Klepper Legal Assistant Services
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:

Kathy Klepper

Name of Person

Klepper Legal Assistant Services

Firm/Company

1804 S. Orange Avenue

Address

Sarasota, Florida 34236

City/State and Zip Code

homngardn@aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kathy Klepper

Name of Person

at (941)

780-2104
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

FILED
2009 JUN 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Klepper Legal Assistant Services, 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:

1804 S. Orange Avenue
Sarasota, Florida 34236

Mailing Address:

1804 S. Orange Avenue
Sarasota, Florida 34236

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:

Kathy Klepper

Name

1804 S. Orange Avenue

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

Sarasota, FL 34236

FL

City, State, and Zip

2009 JUN 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

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.

Kathy B. Klepper
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

Kathy Klepper
1804 S. Orange Avenue
Sarasota, Florida 34236

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: June 08, 2009. (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.)

Kathy Klepper

Typed or printed name of signer

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)

2009 JUN 11 PM 12:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED