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Certified Copies	Certificate	s of Status
Special Instructions to F	iling Officer:	
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SECRETARY OF STATE
ALL AHASSEE, FLORID

D. BRUCE

JUN 2 2 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations					
SUBJ						.
	(Name of Lim	ited Li	ability Comp	any)		
The er	nclosed Articles of Organization and fee(s) are	e subm	itted for filin	g.		
Please	return all correspondence concerning this ma	itter to	the following	; ;		
	Rebecca Worden					
		(Nam	e of Person)			
	SimpleFilings.com					
		(Firm	/Company)			
	4049 Pennsylvania Ave Ste	100	0			
		(<i>A</i>	Address)			
	Kansas City, Mo 64111					
	(C	ity/Stat	e and Zip Code	2)		
For fu	rther information concerning this matter, plea	se call:			AE S	9 T
Eric	Kessler	at (305	322-3933		ē _
	(Name of Person)		(Area Cod	e & Daytime Telephon	' 1	• [
Enclo	sed is a check for the following amount:				STATE LORID/	
\$125	.00 Filing Fee \$\Bigcup \\$130.00 Filing Fee & Certificate of Status	(155.00 Filin Certified Co additional cop	py Ce y is enclosed) Ce	50.00 Filing Fortificate of Startified Copy Iditional copy is 6	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registrati Division Clifton E 2661 Exe	ourier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301	:	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Co	ompany is:
Eric and Stephanie Kessle	r, LLC
(Must end with the words "	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addre	ss of the principal office of the Limited Liability Company is:
Driveinal Office Address	Mailing Address

ARTICLE I - Name:

T I IIICipai Office Ac	<u> </u>	<u>171 a 1</u>	inig Auui ess.		
815 N. Homestead Blvd.		815	N. Homestead Blvd.		
Box 360		Box :	360		_
Homestead, FL 33030		Hom	estead, FL 33030		_
<u>-</u>	mpany cannot serve as its ctive Florida registration.) lorida street addres Eric W. Kessle 815 N. Homes Florida Homestead	s own Registered Ag s of the register Name Stead Blvd. a street address (P	ent. You must designate a	AH 8: 04 AH 8: 04 AH 8: 04 AH 8: 04	
	Ci	ity. 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..

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:	Name and Address:
"MGR" = Manager "MGRM" = Managing M	lember
MGR	Eric W Kessler
	815 N. Homestead Blvd. Box 360
	Homestead, FL 33030
MGRM	Stephanie A Kessler
	815 N. Homestead Blvd. Box 360
	Homestead, FL 33030
	* * * * * * * * * * * * * * * * * * * *
	ther than the date of filing: (OPTIONAL) date must be specific and cannot be more than five business days ing.)
	Out N. / Henles
_	re of a member or an authorized representative of a member.
(in acco	rdance with section 608 408(3) Florida Statutes, the execution (T)
of this de	rdance with section 608.408(3), Florida Statutes, the execution cocument constitutes an affirmation under the penalties of perjury.
of this do that th	rdance with section 608.408(3), Florida Statutes, the execution coordinates an affirmation under the penalties of perjury.

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)