

L09000082316

(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



500159762315

08/24/09--01016--020 **130.00

FILED
09 AUG 24 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

N. Collins

AUG 26 2009

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kevin A. Kobie Air Conditioning Contractor,
Name of Limited Liability Company L.L.C.

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kevin A. Kobie
Name of Person

Kevin A. Kobie Air Conditioning Contractor LLC
Firm/Company

6481 Pine Cone court
Address

Ft. Myers, Fla. 33912
City/State and Zip Code

Kevin A Kobie AC Contractor@yahoo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Kevin A. Kobie at (239) 482-1116
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:

Kevin A. Kobic Air Conditioning Contractor, L.L.C.
(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:

6481 Pine Cone Ct.
Ft. Myers FL 33912

Mailing Address:

(Same)
6481 Pine Cone Ct.
Ft Myers FL 33912.

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:

Kevin A. Kobic
Name
6481 Pine Cone Court
Florida street address (P.O. Box **NOT** acceptable)
Fort Myers FL 33912
City, State, and Zip

FILED
09 AUG 24 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA

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.

[Signature]
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

MGR

Name and Address:

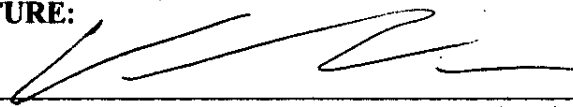
Kevin A. Koble
6481 Pine Cone Ct
Ft. Myers FL 33912

(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.)

Kevin A. Koble
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)

FILED
09 AUG 24 AM 10:40
SECRETARY OF STATE
TALLAHASSEE FLORIDA