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(Requestor's Name)			
(Address)			
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(City/State/Zip/Phone #)			
, , , , ,			
PICK-UP WAIT MAIL			
(Business Entity Name)			
(Business Entity Name)			
(Document Number)			
(Document Number)			
Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			
Rec 9/8/09 Returned Checkly			
Office Use Only			



800145397558

09/17/09--01009--008 **160.00

Effective Date 09/02/09

wog- 40422

T. HAMPTON SEP 1 7 2009

EXAMINER

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT:	Kenneth C	lark Mobile Repair, LLC	
50202011	Name of Limite	ed Liability Company	-
The enclosed Article	s of Organization and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matt	er to the following:	
	K	enneth Clark	
		Name of Person	
-	Kenneth	Clark Mobile Repair	
		Firm/Company	
	2807	52nd Street SW	
		Address	
	Lehigh	Acres, FL 33976	
	Cit	y/State and Zip Code	
	patcla E-mail address: (to be used f	rkma@yahoo.com or future annual report notification)	***
For further information	on concerning this matter, please	,	
		at (239 357-2763 Area Code & Daytime Telephone Number	_
Nai	ne of Person	Area Code & Daytime Telephone Number	
Enclosed is a check	for the following amount:		
\$125.00 Filing Fed	e \$\int_\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & S160.00 Filing I Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	tatus &
	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	



FLORIDA DEPARTMENT OF STATE

Division of Corporations

RECEIVED

09 SEP 16 PM 4:00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

September 9, 2009

KENNETH CLARK 2807 52ND ST SW LEHIGH ACRES, FL 33976

SUBJECT: KENNETH CLARK MOBILE REPAIR, LLC

Ref. Number: W09000040422

We have received your document for KENNETH CLARK MOBILE REPAIR, LLC and check(s) totaling \$160.00. However, your check(s) and document are being returned for the following:

Please note the money amounts differ on the check. You have the amount on your check as \$160.00 and in the written part you have it made out for\$100.00. Please send a corrected check for the proper amount. The correct amount is \$160.00.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 209A00029853

Effective Date 09/02/09

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	ny is:
Kenneth Clark N (Must end with the words "Limited	Mobile Repair, LLC d Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The maning address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2807 52nd Street SW Lehigh Acres, FL 33976	2807 52nd Street SW Lehigh Acres, FL 33976
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
Ken	neth Clark
	Name
2807 52	2nd Street SW
Elorida street address	s (P.O. Box <u>NOT</u> acceptable)
Lehigh Acres, FL 3	
City, S	tate, and Zip
liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and complaceept the obligations of my position at	and to accept service of process for the above stated limited and in this certificate, I hereby accept the appointment as spacify. I further agree to comply with the provisions of all steperformance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S
V	Synature (REQUIRED) SEP
	~ The state of the

(CONTINUED)

Page 1 of 2

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 Member	
MGR	Kenneth Clark
	2807 52nd Street SW
	Lehigh Acres, FL_33976
•	
<u> </u>	
(Use attachment if necessary)	
(Ose attachment if necessary)	
FICLE V: Effective date, if other than the da	te of filing: 9/2/09 . (OPTIONAL)
	pecific and cannot be more than five business days prior
r 90 days after the date of filing.)	
REQUIRED SIGNATURE:	
Signature of a member o	nanlauthorized representative of a member.
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution tes an affirmation under the penaltics of perjury are true.)
	Kenneth Clark
Typed Filing Fees:	or printed name of signee
rinig rees.	

of Registered Agent
\$ 30.00 Certified Copy (Optional)

- \$ 5.00 Certificate of Status (Optional)