

LO9000097194

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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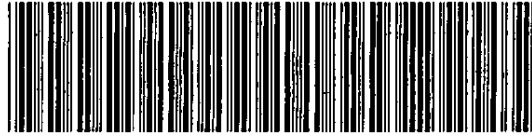
(Business Entity Name)

(Document Number)

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

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Office Use Only



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10/07/09--01023-012 \*155.00

EFFECTIVE DATE

10/6/09

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

09 OCT - 7 PM 12:34

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W. C. G. OCT - 8 2009

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KALLIN Properties, LLC  
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:

Suzanne McBRIDE  
Name of Person

KALLIN Properties, LLC  
Firm/Company

412 Port Royal Blvd  
Address

Satellite Beach, FL 32937  
City/State and Zip Code

Suzanne@mcbridewoodbridge.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Suzanne McBRIDE at (321) 693-5900  
Name of Person Area Code & Daytime Telephone Number

321-837-1000

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:**

Kallin Properties, LLC

**ARTICLE II – Address:**

Principal Office and Mailing Address:

412 Port Royal Blvd, Satellite Beach, FL 32937

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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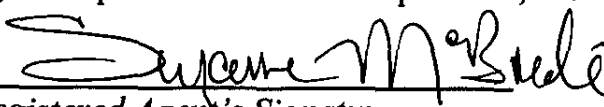
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**ARTICLE III – Registered Agent, Registered Office &  
Registered Agent's Signature:**

Claire Suzanne McBride  
*Registered Agent*

412 Port Royal Blvd., Satellite Beach, FL 32937  
*Address, City, State*

Having been named as registered agent and to accept service of process for the above state 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 the Chapter 608, F.S.

  
*Registered Agent's Signature*

**ARTICLE IV – Manager (MGR) or Managing Members  
(MGRM):**


Managing Member                      Claire Suzanne McBride  
   412 Port Royal Blvd.  
   Satellite Beach, FL 32937

Managing Member                      Michael Nolan McBride  
   412 Port Royal Blvd.  
   Satellite Beach, FL 39237

**ARTICLE V – EFFECTIVE DATE:**

The effective date of operations is October 6, 2009.

REQUIRED SIGNATURE:



*Authorized Representative of 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.

C. Suzanne McBride

*Authorized Representative of Member - Print*

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SECRETARY OF STATE  
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