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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

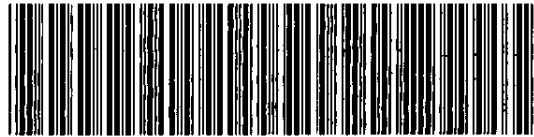
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10/14/09--01039--003 **130.00

Effective Date 10/15/09

FILED
09 OCT 14 AM 9:49
SECRETARY OF STATE
DIVISION OF CORPORATIONS

T. HAMPTON

OCT 15 2009

EXAMINER

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KAL'S RECOVERY OF SOUTH WEST FLORIDA, 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:

KENNETH KALIES

Name of Person

KAL'S RECOVERY OF SOUTH WEST FLORIDA, LLC

Firm/Company

4150 MELODY LANE

Address

NORTH FOOT MYERS FL 39917

City/State and Zip Code

9KEY@STATE.NET

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

For further information concerning this matter, please call:

GERARD LEVY

Name of Person

at (239) 945-0848

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

Effective Date

10/15/09

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY**

ARTICLE I - NAME:

The name of the Limited Liability Company is:

KAL'S RECOVERY OF SOUTH WEST FLORIDA, LLC

ARTICLE II - ADDRESS:

Principle Office Address:

6450 Melody Lane
North Fort Myers, Fl. 33917

Mailing Address:

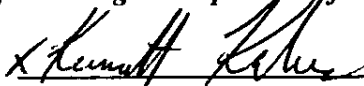
6450 Melody Lane
North Fort Myers, Fl. 33917

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

The name and the Florida street address (not a Post Office box) of the registered agent are:

KENNETH KALIES
6450 Melody Lane
North Fort Myers, Fl. 33917

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

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DIVISION OF CORPORATIONS
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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

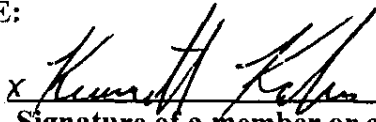
"MGRM" = Managing Member

MGRM _____

KENNETH KALIES
6450 Melody Lane
North Fort Myers, Fl. 33917

ARTICLE V: Effective date, if other than the date of filing: October 15, 2009
(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:

x 

Signature of a member or an authorized
representative of a member (Kenneth Kalies)

(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.)

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