

L11000024738

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

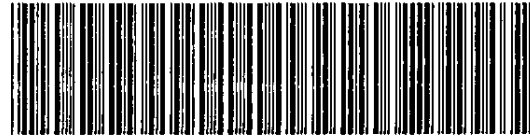
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



500195669705

02/25/11--01018--015 **130.00

FILED
11 FEB 25 PM 12:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

FEB 28 2011

EXAMINER

EFFECTIVE DATE 2/23/11

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Wayne D. Kroll 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:

Wayne David Kroll

Name of Person

Wayne D.Kroll LLC

Firm/Company

4036 Moores Lake Road

Address

Dover Florida 33527

City/State and Zip Code

wkroll54@aol.com

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

For further information concerning this matter, please call:

Wayne Kroll

Name of Person

at (813) 767/7442

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

FILED
11 FEB 25 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Wayne D.Kroll LLC

(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:

4036 Moores Lake Road
Dover Fl. 33627

Mailing Address:

4036 Moores Lake Road
Dover Fl. 33527

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:

Wayne Kroll

Name

4036 Moores Lake Road

Florida street address (P.O. Box NOT acceptable)

Dover, Fl. 33527

FL

City, State, and Zip

FILED
11 FEB 25 PM 12:12
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..

Wayne D. Kroll

Registered Agent's Signature (REQUIRED)

(CONTINUED)

EFFECTIVE DATE 2/23/11

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

Name and Address:

MGR

Wayne Kroll

4036 Moores Lake Road

Dover Fl. 33527

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 2/23/2011 (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:

Wayne D. Kroll

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. I am aware that any false information submitted in a document to the Department of Banking and Finance constitutes a third degree felony as provided for in s.817.155, F.S.)

Wayne D. Kroll

Typed or printed name of signer

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
11 FEB 25 PM 12:18
SECRETARY OF STATE
TALLAHASSEE, FLORIDA