

L11000028389

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

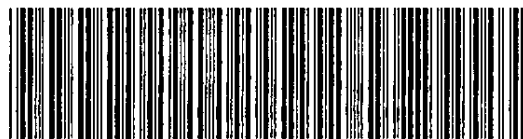
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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03/07/11--01069--019 **160.00

B. KOHR

MAR - 9 2011

EXAMINER

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR - 7 AM 11:53

SCHIERLOH & ASSOCIATES, LLC

ATTORNEYS AT LAW
1800 North Perry Street, Suite 104
Ottawa, Ohio 45875
(419) 523-5445
(419) 523-3786 Facsimile
email: putnamlaw@bright.net

KEITH H. SCHIERLOH

JOHN J. HOPKINS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 MAR -7 AM 11:53

March 3, 2011

Florida Department of State
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

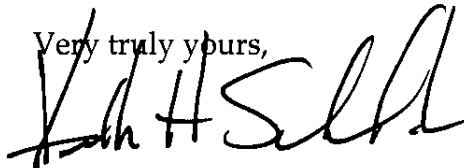
Re: Kahle Leasing, LLC

Dear Sir or Madam:

Enclosed please find Articles of Organization for filing with your office. I have enclosed a check in the amount of \$160.00 for the filing fee along with an additional copy to be certified and returned to my office.

Thank you for your assistance. Should you have any questions, please contact my office.

Very truly yours,



Keith H. Schierloh

KHS/jmr
Enclosures

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kahle Leasing 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:

Chris Kahle

Name of Person

Kahle Leasing LLC

Firm/Company

2701 Kokomo Loop

Address

Haines City, Florida, 33844

City/State and Zip Code

ckahle5@woh.rr.com

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

For further information concerning this matter, please call:

Keith H. Schieroh

Name of Person

at (419) 523-5445

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 STATE
SECRETARY OF CORPORATIONS
11 MAR -7 AM 11:53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kahle Leasing 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:

Chris Kahle
2701 Kokomo Loop
Haines City, Florida, 33844

Mailing Address:

Chris Kahle
2701 Kokomo Loop
Haines City, Florida, 33844

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:

Chris Kahle

Name

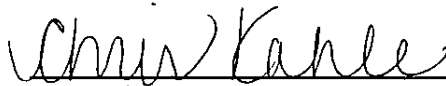
2701 Kokomo Loop

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

Haines City, FL 33844

City, State, and Zip

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 (REQUIRED)

(CONTINUED)

FILED
SECRETARY OF STATE
11 MAR -7 AM 11:53
DIVISION OF CORPORATIONS

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:

MGRM

Chris Kahle

2701 Kokomo Loop

Haines City, Florida, 33844

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

Chris Kahle

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)