

L110000060922

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

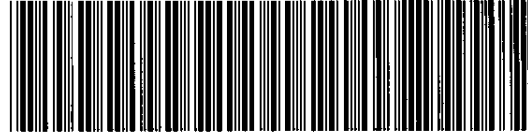
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900207635059

900207635059  
05/23/11--01014--005 \*\*130.00

FILED  
11 MAY 23 AM 10 55  
CLERK OF COURT  
TALLAHASSEE, FLORIDA

D. BRUCE

MAY 24 2011

EXAMINER

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Shawna Kilpatrick masonry Limited Liability Company  
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:

Shawna Kilpatrick

Name of Person

Shawna Kilpatrick masonry, Limited Liability Company

Firm/Company

6360 W. Avocado St.

Address

Crystal River, Florida 34429

City/State and Zip Code

Shawna.mK@gmail.com

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

For further information concerning this matter, please call:

Shawna Kilpatrick

Name of Person

at ( 352 ) 795-6481

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 MAY 23 AM 10 55  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Shawna Kilpatrick masonry Limited Liability Company  
(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:**

6360 W. Avocado St.  
Crystal River, FL 34429

**Mailing Address:**

6360 W. Avocado St.  
Crystal River, FL 34429

**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:

Shawna Kilpatrick  
Name

6360 W. Avocado St.  
Florida street address (P.O. Box **NOT** acceptable)

Crystal River, FL 34429  
City, State, and Zip

FILED  
11 MAY 28 AM 10 55  
CLERK OF CIRCUIT  
JUDICIAL CIRCUIT IN  
HALL COUNTY 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..*

Shawna Kilpatrick  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**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

" MGR "

**Name and Address:**

Shawna Kilpatrick  
6360 US Avocado St.  
Crystal River, Fl. 34429

(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:**

Shawna Kilpatrick  
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.)

Shawna Kilpatrick  
Typed or printed name of signee

FILED  
14 MAY 28 AM 10 55  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

**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)