L12000005695

(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



400217652564

01/11/12--01013--014 **160.00

T JAN II MIZ: 10

D. BRUCE

JAN 1 2 2012

EXAMINER

COVER LETTER

ŤО:	Registration of	on Section Corporations						
SUBJI	ECT: Kyle	Hofmeyer LLC.						
5020		Name of Limit	ed Liability Com	pany			_	
The en	closed Article	es of Organization and fee(s) are	submitted for fili	ng.				
Please	return all corr	respondence concerning this matt	er to the following	ng:				
	Kyle Hofm	neyer						
			Name of Person					
	Kyle Hofn	neyer LLC.						
			Firm/Company					
	5022 Fair	field Dr.						
		,	Address					
ĺ	Fort Myers	/Florida 33919					芯	
			y/State and Zip Co	de		***	AN	
	kyle@kyle	hofmeyer.com				SS	<u> </u>	工
		E-mail address: (to be used f		port notification)		141 G		iT
For fur	ther informati	on concerning this matter, please	call:			107 818	<u>5</u>	
Kyle	Hofmeyer		at (239	244-1622	2	TE A	0	
	Na	me of Person	Area Co	de & Daytime Tel	lephone Numb	ner		
Enclos	sed is a check	k for the following amount:						
\$125.00	Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Fil Certified C (additional co	ing Fee & [opy opy is enclosed)	\$160.00 Certifica Certifiec (additiona	ite of St I Copy	latus d	
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registra Division Clifton 2661 Ex	Courier Addressention Section nof Corporation Building executive Center ssee, FL 32301	ns			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	er LLC.		_			
	(Must end with the words "Limi	ited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II -		of the principal office of the Limited Liability (Componi	, i a,		
The maining aut	iress and street address o	of the principal office of the Elimited Elability	company	/ 15.		
Principal Offic	e Address:	Mailing Address:				
5022 Fairfield		5022 Fairfield Dr.				
Fort Myers, Flo	orida 33919	Fort Myers, Florida 33919	- 			
			_			
business entity with	an active Florida registration.)	of the registered agent are:	12 JAA	П		
		T>	-			
		Name SS		-		
	5022 Fairfield Dr.	% ₩ ₩	= =	- 7		
	5022 Fairfield Dr.	street address (P.O. Box NOT acceptable)	= =			
	5022 Fairfield Dr. £ Florida s Fort Myers	street address (P.O. Box NOT acceptable) 33919 FL				
	5022 Fairfield Dr. £ Florida s Fort Myers	street address (P.O. Box NOT acceptable)	= =			

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

′-

Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Kyle Hofmeyer 5022 Fairfield Dr. Fort Myers, Florida 33919 (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.) Kyle Hofmeyer Typed or printed name of signee **Filing Fees:** \$125.00 Filing Fee for Articles of Organization and Designation

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)