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SECRETARY OF STATE DIVISION OF CORPORATIONS

FEB = 9 2012 T. HAMPTOR

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT: KURT HAVEL PROFESSIONAL MAINTENANCE 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:

KURT HAVEL	
	Name of Person
KURT HAVEL PROFESS	IONAL MAINTENANCE LLC
	Firm/Company
323 MONACO DR.	
	Address
PUNTA GORDA, FL 33950	
Ci	ty/State and Zip Code
KWHAVIZI	Concast. NET
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, pleas	se call:
KURT HAVEL	at ( 239 ) 362-6656
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
S125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section	Street/Courier Address Registration Section

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

#### KURT HAVEL PROFESSIONAL MAINTENANCE LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

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The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
	323 MONACO DR.
	PUNTA GORDA, FL 33950
	tered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another
The name and the Florida street address of	the registered agent are:
IZLIDIT LIANZEL	
KURT HAVEL	
	Name
323 MONACO	
323 MONACO	DR.

ited 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.

ed Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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	
MCR	Kint Warmi
	323 MONOEU DR
	Kunt Havel 323 Monoro Dr. Punta Gonda, Fl 33950
(Use attachment if necessary)	
(Use attachment if necessary)	
CLE V: Effective date, if other than	the date of filing: (OPTIONAL)
CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days
CLE V: Effective date, if other than effective date is listed, the date mu	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
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CLE V: Effective date, if other than effective date is listed, the date mu 00 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days p
CLE V: Effective date, if other than effective date is listed, the date mu 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me	st be specific and cannot be more than five business days per second an authorized representative of a member.
CLE V: Effective date, if other than effective date is listed, the date muse 90 days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation used in aware that any false in	ember of an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  1 of the penalties of the penalties of perjury that the facts stated herein are true.  1 of the penalties of
CLE V: Effective date, if other than effective date is listed, the date muse 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with section constitutes an affirmation used in a mean of the section constitutes at third degree for the section constitutes at the section consti	ember of an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  1 and a document to the Department of State delony as provided for in s.817.155, F.S.)
CLE V: Effective date, if other than effective date is listed, the date much days after the date of filing.)  REQUIRED SIGNATURE:  (In accordance with section constitutes an affirmation used to the days after the date of filing.)	ember of an authorized representative of a member.  1 608.408(3), Florida Statutes, the execution of this document under the penalties of perjury that the facts stated herein are true.  1 of the penalties of the penalties of perjury that the facts stated herein are true.  1 of the penalties of

\$125.00 Filing Fee for Articles of Organization and Designation

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