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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to Filing Officer:				

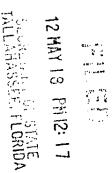
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05/18/12--01025--014 **130.00

EFFECTIVE DATE 05-15-12



B. BOSTICK
MAY 2 1 2012

EXAMINER

COVER LETTER

TO:	Registration Division of	n Section Corporations		
subji	ECT:	COLKITT Proper	r + i e S, I Liability Company	
The en	closed Articles	s of Organization and fee(s) are su	ibmitted for filing.	
Please	return all corre	espondence concerning this matter	r to the following:	
		Debbie Co	OLKi++ Name of Person	
		COLKIH	Sheet metal +	Alc. Inc
		860 11	1 Street Address	
		Vero B	each X 3290 State and Zip Code	40
			OLKi++AC.COM r future annual report notification)	7 2
For fur	ther information	on concerning this matter, please of		
	<u>Debbie</u>	COLKI'++ ne of Person	at (772) 696-17 Area Code & Daytime Telep	hone Number FLORIDE
Enclos	sed 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 Clifton Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must end with the words "Limited Liability	perties LLC Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1070 31 & Avenue Vero Beach & 32960	1070 31st Avenue Vino Beach & 32960
1070 314 Ar Florida street addr	gistered agent are: COLKITH Jenue ess (P.O. Box NOT acceptable)
City, Stat	FL 32940 Dm -1
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacity.	ccept service of process for the above stated limited is certificate. I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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

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

•	• •			
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
m G R M	Joseph K. COLKitt 1106 9th Square Vero Beach 26 32960			
MGRM	Doborah F. COLKitt 1070 314 AUL Vevo Beach & 32960			
	12 HAY			
	- R 12:			
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing: $\frac{5/15/12}{}$. (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:				
	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.)

Debovah F. Colkitt
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)