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C. LEWIS

OCT 2 2 2012

EXAMINER

COVER LETTER

TO: Registration of Division of	on Section f Corporations	·	<i>3</i> *
SUBJECT: 1	K.B. Const	ed Liability Company	
The enclosed Article	es of Organization and fee(s) are s	submitted for filing.	
Please return all cor-	respondence concerning this matte	er to the following:	
	Daniel Bla	anton	
		Name of Person	
 		Firm/Company	
	301 Big Ric	haved Rd	
		2211	·
	lall, TL/City	OOIU /State and Zip Code	
· · · · · · · · · · · · · · · · · · ·	Kevinh 20da	niel avahoo, by Corfuture annual report notification)	com
For further informat	ion concerning this matter, please	call:	
Daniel Na	Blanton ame of Person	at (<u>450</u>) <u>570</u> – Area Code & Daytime Telep	2691 Dhone Number
Enclosed is a chec	k 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 C Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
D. k.B. constuct	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	301 big Richard Rd
ARTICLE III - Registered Agent, Registered The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re	ered Agent. You must designate an individual or another
Daniel Blas	nton RT22
	ress (P.O. Box NOT acceptable)
City, Stat	FL / 323(0) 1e, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	accept service of process for the above stated limited in a 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 tered agent as provided for in Chapter 608, F.S
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED)

FILED

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	TALLAHASSEE. F
MGRM	Daniel Bla 301 Big Ric Tall, FL) 323	nton hard Rd
(Use attachment if necessary)		
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.)	date of filing:e specific and cannot be more	. (OPTIONAL) than five business days p
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative	of a member.
(In accordance with section 608 constitutes an affirmation unde	3.408(3), Florida Statutes, the executi r the penalties of perjury that the fact mation submitted in a document to the	s stated herein are true.

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

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)

Intentions of using DKB Construction, LCC corp # 410000007542

× DIPM

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