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JAN 3 1 2013

T. HAMPTON

(850) 245-6051.

TO:

Registration Section

## **COVER LETTER**

Division of Corporations		
SUBJECT:	MAIN STREET K	MCHEN AND BATH LLC
<del></del>	Name of Limit	ed Liability Company
The enclosed Arti	icles of Organization and fee(s) are	submitted for filing.
Please return all c	correspondence concerning this matt	er to the following:
	TODD PAGE	-
		Name of Person
	MAIN STREET K	Firm/Company
	1527 MAIN STAR	37
		Address
	CAPACATA EI	2422/
	Cit	<b>34236</b> y/State and Zip Code
	TODO 4 THE A	OL. COM for future annual report notification)
	E-mail address: (to be used	for future annual report notification)
For further inforn	nation concerning this matter, please	e call:
		244 2011
	Name of Person	at ( 94/ ) 755-2866  Area Code & Daytime Telephone Number
Enclosed is a ch	neck for the following amount:	
□\$125.00 Filing	Fee \$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compar	ıy is:	
(Must end with the words "Limited	TCHEN AND BATH LL Liability Company, "L.L.C.," or "LL.C.")	<u>c</u>
ARTICLE II - Address: The mailing address and street address of t		
Principal Office Address:	Mailing Address:	
1527 MAIN STREET SAAASOTA, FL 34236	SAME	
ARTICLE III - Registered Agent, Regis (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.)	tered Office, & Registered Age Registered Agent. You must designate an in	nt's Signature: ndividual or another
The name and the Florida street address of	the registered agent are:	
	<i>PAGE</i> Name	
	Name	
1527 MAIN	eet address (P.O. Box NOT acceptable)	
SAAASOTA,	ty, State, and Zip	
C	ty, State, and Zip	
Having been named as registered agent ar liability company at the place designate registered agent and agree to act in this ca statutes relating to the proper and comple accept the obligations of my position as	d in this certificate, I hereby accep pacity. I further agree to comply v ete performance of my duties, and	ot the appointment as with the provisions of all I am familiar with and
7 11	_	
Registered Agent's	signature (REQUIRED)	NAME OF CO
(COA	·	30 mg

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:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	TODD PALE 1527 MAIN ST. SALASOTA, FL 34236
	HUME ADDARSS  7066 74Th ST. EAST-CIR. EAST  BRACKNTON, FL 34203
<u> </u>	
(Use attachment if necessary)	
•	date of filing: (OPTIONAL) e specific and cannot be more than five business days price
REQUIRED SIGNATURE:	
Signature of a member	er or an authorized representative of a member.
(In accordance with section 608	3.408(3), Florida Statutes, the execution of this document r the penalties of perjury that the facts stated herein are true.

(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.)

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)

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