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(850) 245-6051.

# **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: Ken Manley Services 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:	
Kenneth H Manley Name of Person	
Ken Manley Services LCC	
8978 Bridgeport Bay Circle	
Mount Dora FL 32757  City/State and Zip Code  Kenmanley services @ angail. Con  E-mail address: (to be used for future annual report notification)	
Kenmanley services @ anail. con	<u>-</u>
E-mail address: (to be used for future annual report notification)  For further information concerning this matter, please call:	
Kenneth H Manley at 352 385 7363  Name of Person Area Code & Daytime Telephone Number 350	:
Enclosed is a check for the following amount:	
\$\text{\$130.00 Filing Fee & Certificate of Status}\$\$ \$\Box\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}\$\$	,
Malling Address Street/Courier Address	

### 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 Company is:

	Address:	Mailing Address:	
3928 Br	daeport Bay Cora FL	Ircle san	ne
100111 12	32757		
The name and the l		registered agent are:    Han ley     Jgeport Batterss (P.O. Box NOT acceptable)	

(CONTINUED)

Page 1 of 2

<b>ARTICLE</b>	IV-	Manager(s)	or	Managing	Member(s):

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

MGRM	Kenneth Manley B928 Bridgeport Bay (1, Mount Dora FC 3225)
(Use attachment if necessary)	
	ne date of filing: ///20/4/. (OPTIONAL) ust be specific and cannot be more than five business days

## **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.)

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)