

L14000071557

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

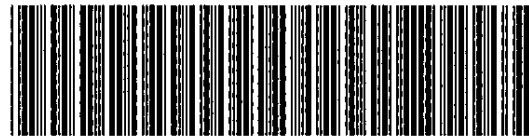
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



400259253284

04/22/14--01025--014 \*\*125.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
16 MAY -2 PM 2:01

MAY 02 2014  
J. HARRIS

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: kerrigan family revocable trust 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:

TotalLegal Customer Service Department  
Name of Person

TotalLegal  
Firm/Company

375 118th Ave SE, Ste 118  
Address

Bellevue, WA 98005  
City/State and Zip Code

a1realty@comcast.net  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TotalLegal Customer Service Department at ( 866 ) 815-6840  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |   |   |   |   |
|---|---|---|---|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

March 14, 2014

TOTALLEGAL CUSTOMER SERVICE DEPARTMENT  
375 118TH AVE SE, STE 118  
BELLEVUE, WA 98005

SUBJECT: KERRIGAN FAMILY REVOCABLE TRUST LLC  
Ref. Number: W14000016669

We have received your document for KERRIGAN FAMILY REVOCABLE TRUST LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Effective January 1, 2014, all limited liability company forms

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -2 PM 2:01

-----  
must be submitted in accordance with the Revised Limited  
Liability Company Act, Chapter 605, Florida Statutes. The  
proper form is enclosed for your convenience.

Please return your document, along with a copy of this letter,  
within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your  
document, please call (850) 245-6051.

Jenna D Harris  
Regulatory Specialist II

Letter Number: 014A00005630

[www.sunbiz.org](http://www.sunbiz.org)

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida  
32314

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -2 PM 2:01

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

kerrigan family revocable trust LLC

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

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

8083 Wilfredo Court  
Naples, FL 34114

8083 Wilfredo Court  
Naples, FL 34114

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Richard Kerrigan

Name

8083 Wilfredo Court

Florida street address (P.O. Box **NOT** acceptable)

Naples

FL 34114

City

Zip

*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions 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 605, F.S..*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
14 MAY -2 PM 2:01

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

MGR

MGR

**Name and Address:**

Richard Kerrigan

8083 Wilfredo Court

Naples, FL 34114

Mildred Kerrigan

7Baileys Causeway

Scituate, MA 02066

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

Richard Kerrigan

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)