L14000171157

(Re	equestor's Name)	
(Ad	dress)	
(Ad	idress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	· · · · · · · · · · · · · · · · · · ·
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





300265946603

10/31/14--01004--020 **130.00

14 OCT 31 PH L: 25
SECRETARY OF STATE
TALL AMASSEF, FLORID.

T. Burch NOWNA 2014

COVER LETTER

TO:	Registration Division of C	Section Corporations		
SUBJI	ECT: Robert	Allen Kirk, LLC		
		Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) an	re submitted for filing.	
Please	return all corre	spondence concerning this m	atter to the following:	
	Robert A	Kirk		
			Name of Person	
			Firm/Company	
	5699 Eas	stwind Drive		
			Address	
•	<u>Sarasota</u>	, Florida 34233	City/State and Zip Code	
_rk	1sails@msn.c	com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information	n concerning this matter, plea	•	,
Robei	t A Kirk	at (<u></u>	941) 374-7040	
	Nan	ne of Person	Area Code Daytime Te	lephone Number
Enclos	ed is a check fo	r the following amount:		
□ \$125.0	0 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 Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Robert Allen Kirk, LLC (Must end with the words "Limited L	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
5699 Eastwind Drive Sarasota, FL 34233	5699 Eastwind Drive Sarasota, FL 34233	
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration. The name and the Florida street address of the registered a Robert A Kirk Name 5699 Eastwind Drive Florida street address (P.O. Box 1)	Registered Agent. You must designate an individual of the second of the	dual or 14 OCT 31 PM L: 2
<u>Sarasota</u> City		īň
Having been named as registered agent and to accept serv the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	vice of process for the above stated limited liabilithe appointment as registered agent and agree to fall statutes relating to the proper and complete gations of my position as registered agent as prover 605, F.S	o act in this performance

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
MGR	Robert A. Kirk	
	5699 Eastwind Drive	
	Sarasota, FL 34233	
	Garasola, 1 L 34233	
AMBR	Javne A. Kirk	
AWDIX	5699 Eastwind Drive	
	Sarasota, FL 34233	> 5 →
	34/233	
		># 9
		755-44
		<u>&</u> ω
		30 T
		<u> </u>
		- η · · · <u>- · · · · · · · · · · · · · · · </u>
	· · · · · · · · · · · · · · · · · · ·	O-4 15
		72 A 33
		Dia A
(Use attachment if necessary)		
····································		
REQUIRED SIGNATURE:	arin	
LE VI: Other provisions, if any. REQUIRED SIGNATURE:	or an authorized representative of	'a member.
REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020	or an authorized representative of 3 (1) (b), Florida Statutes, the execut	ion of this document
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts stat	ion of this document ed herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts state in submitted in a document to the Dep	ion of this document ed herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts state in submitted in a document to the Dep	ion of this document ed herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts state in submitted in a document to the Deporovided for in s.817.155, F.S.)	ion of this document ed herein are true.
REOUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts state in submitted in a document to the Dep	ion of this document ed herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts state in submitted in a document to the Deprovided for in s.817.155, F.S.)	ion of this document ed herein are true.
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p Robert A Kirk Typ	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts staten submitted in a document to the Deprovided for in s.817.155, F.S.) seed or printed name of signee Filing Fees:	ion of this document ed herein are true. artment of State
REQUIRED SIGNATURE: Signature of a member (In accordance with section 605.020 constitutes an affirmation under the I am aware that any false information constitutes a third degree felony as p	or an authorized representative of 3 (1) (b), Florida Statutes, the execut penalties of perjury that the facts staten submitted in a document to the Deprovided for in s.817.155, F.S.) seed or printed name of signee Filing Fees:	ion of this document ed herein are true. artment of State

ARTICLE IV-