

# L15000015868

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

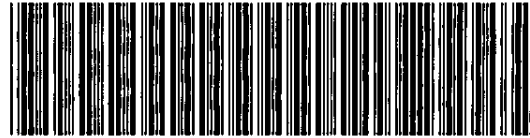
(Document Number)

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

Special Instructions to Filing Officer:

W14-64801 INACT

Office Use Only



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900265112549  
10/20/14--01046--002 \*\*150.00

FILED

2015 JAN 20 PM 4:18

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

K. SALLY  
EXAMINER  
JAN 27 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

October 24, 2014

LANGLEY WELL DRILLING  
KELVIN LANGLEY  
P.O. BOX 295  
LECANTO, FL 34461

SUBJECT: KELVIN LANDLEY LLC  
Ref. Number: W14000064801

We have received your document for KELVIN LANDLEY LLC and your check(s) totaling \$150.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The entity must be active on our records.

If your business entity does not intend to transact business until January 1st of the upcoming calendar year, you may wish to revise your document to include an effective date of January 1st. If you do not list an effective date of January 1st, your business entity will become effective this calendar year and it will be required to file an annual report and pay the required annual report fee for the upcoming calendar year this coming January, which is merely weeks away. By listing an effective date of January 1st, the entity's existence will not begin until January 1st of the upcoming year and will, therefore, postpone the entity's requirement to file an annual report and pay the required annual report filing fee until the following calendar year.

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.

Karen A Saly  
Regulatory Specialist II

Letter Number: 314A00022834

To Whom It May Concern,

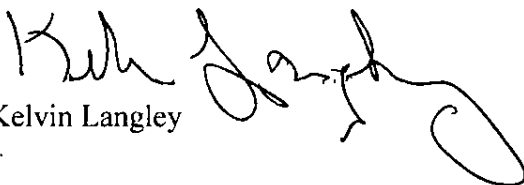
On October 17, 2014 I submitted paperwork to convert my previous corporation Kelvin Langley INC (P09000085825) into a LLC. At this time the check (#1057) that was submitted for fees was cleared by the Division of Corporations on October 21, 2014 in the amount of \$150.00.

In a follow email I made on December 3, 2014 it was explained that my corporation was administratively dissolved in 2013 and therefore could not be converted.

At this time I am submitting Articles of Organization for Florida Limited Liability Company and would like the payment previously sent to be applied to this application.

I have enclosed a copy, front and back, of the cleared check.

Thank you,

  
Kelvin Langley

RECEIVED  
15 JAN 20 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KELVIN LANGLEY 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:

KELVIN LANGLEY

Name of Person

KELVIN LANGLEY LLC

Firm/Company

PO BOX 295

Address

LECANTO FL 34460

City/State and Zip Code

Karen Cuthone @ aol.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

KELVIN LANGLEY

Name of Person

at ( 352 ) 302-3173

Area Code

Daytime Telephone Number

Enclosed is a check 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 Circle  
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KELVIN LANGLEY 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:

1000 S LINE RD  
LECANTO FL 34461

Mailing Address:

PO BOX 295  
LECANTO FL 34460

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:

KELVIN LANGLEY

Name

1000 S LINE RD

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

LECANTO

City

FL 34461

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)

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2015 JAN 20 PM 4:18  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

**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

**Name and Address:**

KELVIN LANGLEY

1000 S LINE RD

LECANTO FL 34461

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(Use attachment if necessary)

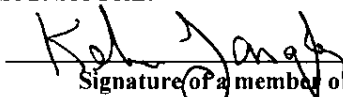
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_. (OPTIONAL)

(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.)

KELVIN LANGLEY

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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2015 JAN 20 PM 4:18  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA