

L15000044451

(Requestor's Name)

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PICK-UP  WAIT  MAIL

(Business Entity Name)

(Document Number)

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L15-6390

FILED  
15 JAN 16 PM 4:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. Bush MAR 12 2015



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 17, 2015

MICHAEL C KRAFT  
11668 CROUSE WILLISIN RD  
CROTON, OH 43013

2ND ML

SUBJECT: MCKRAFT LIMITED LIABILITY COMPANY  
Ref. Number: W15000006390

RECEIVED  
15 MAR -2 AM 10:00  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

We have received your document for MCKRAFT LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 16, 2015. Please amend your document accordingly.

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.

Tim Burch  
Regulatory Specialist II

Letter Number: 015A00001773



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

January 29, 2015

MICHAEL C KRAFT  
11668 CROUSE WILLISON RD  
CROTON, OH 43013

SUBJECT: MCKRAFT LIMITED LIABILITY COMPANY  
Ref. Number: W15000006390

We have received your document for MCKRAFT LIMITED LIABILITY COMPANY and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

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Tim Burch  
Regulatory Specialist II

Letter Number: 015A00001773

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT: McKraft Limited Liability Company**  
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:

Michael C Kraft  
Name of Person

MCKRAFT LLC  
Firm/Company

11668 Crouse Willison Rd  
Address

Croton, Ohio 43013  
City/State and Zip Code

mckraft@hotmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Michael C Kraft at ( 808 ) 372-4661  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input 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 checked="" 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



**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:**

Michael C Kraft  
11668 Crouse Willison Rd  
Croton, Ohio 43013

SECRETARY OF STATE  
TALLAHASSEE FLORIDA

15 JAN 16 PM 4:57

FILED

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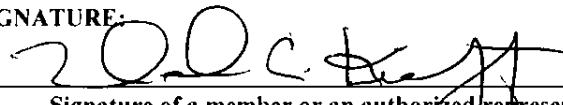
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(Use attachment if necessary)

**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.)

Michael C Kraft  
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)