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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE
TALLAHASSIE, FIORIDA

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T. Bursh MAR 1 2 2015



# FLORIDA DEPARTMENT OF STATE Division of Corporations

February 17, 2015

MICHAEL C KRAFT 11668 CROUSE WILLISIN RD CROTON, OH 43013

SUBJECT: MCKRAFT LIMITED LIABILTY COMPANY

2ND ML

Ref. Number: W15000006390

15 Mar -2 AH IO: OO

We have received your document for MCKRAFT LIMITED LIABILTY 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.

ATT A LICENSE DE COMPANION DE LA PROPERTIE DE

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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 LIABILTY COMPANY

Ref. Number: W15000006390

We have received your document for MCKRAFT LIMITED LIABILTY 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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If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tim Burch Regulatory Specialist II

Letter Number: 015A00001773

### **COVER LETTER**

10: 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
Name of Ferson
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:
□ \$125.00 Filing Fee Certificate of Status Certificate Opy (additional copy is enclosed)  □ \$155.00 Filing Fee & Certificate of Status & 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:	*}	
McKraft Limited Liabilty Company (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 offi	ice of the Limited Liability Company is:	
Principal Office Address:	Mailing Address:	
11668 Crouse Willison Rd Croton, Ohio 43013	11668 Crouse Willison Rd Croton, Ohio 43013	
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	Registered Agent. You must designate an individual (	or
Ronald E. Kline	ALL SEI	5
Name		
1107 134TH ST EAST	NS S	o [
Florida street address (P.O. Box 1	NOT acceptable)	
Bradenton	FL 34212	E Second
City	□, π,	in The
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligation.  Chapter	the appointment as registered agent and agree to act i f all statutes relating to the proper and complete perfo	in this ormance
Registered Agent's Signatur	Line re (REQUIRED)	
(CONTINUE)	D)	

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Michael C Kraft
	11668 Crouse Willison Rd
	Croton, Ohio 43013
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	<del></del>
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(Use attachment if necessary)	•

REQUIRED SIGNATURE:

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

the date of filing.)

Signature of a member or an authorized resentative 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)