

L15000044451

(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



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01/16/15--01015--003 **160.00

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
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

15 MAR -2 AM 10:00

RECEIVED

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 &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$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:

McKraft Limited Liability Company

(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:

11668 Crouse Willison Rd
Croton, Ohio 43013

11668 Crouse Willison Rd
Croton, Ohio 43013

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:

Ronald E. Kline
Name

1107 134TH ST EAST
Florida street address (P.O. Box **NOT** acceptable)

Bradenton FL 34212
City Zip

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TALLAHASSEE, FLORIDA

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.

Ronald E. Kline
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

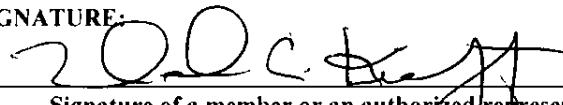
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(Use attachment if necessary)

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)