## LIS 000084875

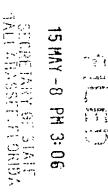
(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	· #)
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(Bu	isiness Entity Nam	ne)
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## **COVER LETTER**

	Registration Division of C			
SUBJEC		► Kalk, LLC		
SOBSEC		Name of Li	mited Liability Company	
The enclo	osed Articles	of Organization and fee(s) a	re submitted for filing.	
Please re	turn all corres	pondence concerning this m	atter to the following:	
	Terry R. K	Troggel, CPA		
			Name of Person	
	Terry R. K	Kroggel, PA		
			Firm/Company	
	2111 N. I	5th St.		
			Address	
	Tampa, Fl	. 33605		
	Terry@Kru	eger-CPA.Com	City/State and Zip Code	
		E-mail address: (to be used	d for future annual report notificati	on)
For further	· information (	concerning this matter, pleas	se call:	
			,	
	Na		Area Code Daytime Telephon	
Enclosed	is a check for	r the following amount:		
	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)
	Regi Divi P.O.	ling Address stration Section sion of Corporations Box 6327	Street Address Registration Section Division of Corporati Clifton Building	
	Talla	ahassee, FL 32314	2661 Executive Cente	er Circle

Tallahassee. FL 32301

## ARTICLES'OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liabil	ity Company is:			
Nathan <b>A</b> Kalk, LLC	with the words "Limited	Liability Compan	v. "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street a				
·	oal Office Address:	nec of the British	Mailing Addr	ess:
5030 Sylvan Oaks I Valrico, FL 33596	Dr.		0 Sylvan Oaks Dr. rico, FL 33596	
ARTICLE III - Registered Ag (The Limited Liability Compan another business entity with an The name and the Florida street	y cannot serve as its own l active Florida registration	Registered Agent.		ividual or
The name and the Florida street	_	_		
	Terry R. Kroggel, CP	Name		
	2111 N. 15th St.			
	Florida street address	(P.O. Box <b>NOT</b> a	acceptable)	
	Tampa, FL 33605			
	City	State	Zip	
Having been named as registered place designated in this certificate further agree to comply with the p am familiar with and accept the o	p. I hereby accept the appo provisions of all statutes re- bligations of my position a	intment as register taing to the prope as registered agent	red agent and agree to act i r and complete <u>pe</u> rformanc	n this capacity. I e of my duties, and I

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Notark XXX Nathan A Kalk
	5030 Sylvan Oaks Dr.
	Vafrico, FL 33596
MBR	Ruth I. Kalk
	5030 Sylvan Oaks Dr.
	Valrico, FL 33596
	<del></del>
(Use attachment if necessary)	
ective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to or 90 day
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