

To: 1850616381  
Division of Corporations

From: 1850616381

Date: 07/03/15 Time: 7:20 AM Page: 02/04

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**Florida Department of State**  
**Division of Corporations**  
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From: Account Name : MARY G STEWART CPA PA  
Account Number : I200800000065  
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**\*\*Enter the email address for this business entity to be used for annual report mailings. Enter only one email address please.**

Email Address: M Stewart@John Davis CPA

**FLORIDA LIMITED LIABILITY CO.**  
**AdtantaIRA Trust FBO Kevin Koehler IRA LLC**

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850-617-6381 7/8/2015 9:04:51 AM PAGE 1/001 Fax Server



July 8, 2015

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

MARY G STEWART CPA PA

SUBJECT: ADTANTAIRA TRUST F/B/O KEVIN KOEHLER IRA, LLC  
REF: W15000045859

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

The document must be signed by a member or an authorized representative of a member.

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) 245-6052.

Jessica A Fason  
Regulatory Specialist II

FAX Aud. #: H15000165735  
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**ARTICLES OF ORGANIZATION  
OF  
AdtanvaIRA Trust F/B/O Kevin Koehler IRA, LLC**

● **ARTICLE 1 – NAME**

The name of the Limited Liability Company is AdtanvaIRA Trust FBO Kevin Koehler IRA, LLC, (hereinafter referred to as "Limited Liability Company").

● **ARTICLE 2 – ADDRESS**

The mailing address and street address of the principal office of this Limited Liability Company shall be:

4398 Meager Circle, Port Charlotte, FL 33948

● **ARTICLE 3 – REGISTERED OFFICE AND REGISTERED AGENT**

The name and street address of the registered agent of this Limited Liability Company is:

Kevin Koehler  
4398 Meager Circle  
Port Charlotte, FL 33948

**ACCEPTANCE OF REGISTERED AGENT DESIGNATED  
IN ARTICLES OF ORGANIZATION**

Having been named as registered agent 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 608, F.S..

By: \_\_\_\_\_

Kevin Koehler, Registered Agent

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State of Florida  
County of Charlotte

The foregoing instrument was acknowledged before me this 7th day of July, <sup>2015</sup>~~2006~~, by  
Kevin Koehler

Personally Known X OR Produced Identification \_\_\_\_\_  
Type of Identification Produced \_\_\_\_\_

Mary G. Stewart  
Notary Signature



• ARTICLE 4 – TITLE, NAME, AND ADDRESS OF EACH PERSON  
AUTHORIZED TO MANAGE AND CONTROL THIS LIMITED  
LIABILITY COMPANY

Kevin Koehler, AMBR  
4398 Meager Cir  
Port Charlotte, FL 33948

In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

By: Kevin Koehler Organizing

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Member  
SECRETARY OF STATE  
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