

Law Office of Dale Brewster

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TO: Registration Section
Division of Corporations

SUBJECT: KRISTINE M. RIKLI, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

KRISTINE M. RIKLI
15834 COBBLE MILL DRIVE
WIMAUMA, FLORIDA 33598
E-mail address (to be used for future annual report notification): kristinerikli@yahoo.com

For further information concerning this matter, please call:

KRISTINE M. RIKLI at (813) 633-8111

Enclosed is a check for the following amount: \$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

FILED

16 FEB 12 PM 10:40

ARTICLES OF ORGANIZATION SECRETARY OF STATE
OF TALLAHASSEE FLORIDA
KRISTINE M. RIKLI, LLC

ARTICLE I – NAME

The name of the limited liability company is KRISTINE M. RIKLI, LLC, ("company").

ARTICLE II – ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
KRISTINE M. RIKLI
15834 Cobble Mill Drive
Wimauma, Florida 33598

Mailing Address:
KRISTINE M. RIKLI
15834 Cobble Mill Drive
Wimauma, Florida 33598

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

KRISTINE M. RIKLI
15834 Cobble Mill Drive
Wimauma, Florida 33598

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.



KRISTINE M. RIKLI

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

AMBR

KRISTINE M. RIKLI
15834 Cobble Mill Drive
Wimauma, Florida 33598

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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.

KRISTINE M. RIKLI

Typed or printed name of signee

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 605.0113, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY KRISTINE M. RIKLI, LLC, SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA:

1. The name of the Limited Liability Company is KRISTINE M. RIKLI, LLC.

2. The name and the Florida street address of the registered agent and office are:
KRISTINE M. RIKLI
15834 Cobble Mill Drive, Wimauma, Florida 33598 (Post office box is NOT acceptable.)

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, Florida Statutes.



KRISTINE M. RIKLI
Registered Agent