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Law Office of Dale Brewster

Dale Brewster, Esquire 948-B Cypress Village Blvd. Sun City Center, Florida 33573 Office: 813-633-8772 Fax: 813-642-0030

Email: dbrewster7@verizon.net

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

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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. RIKL

ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

AMBR

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

REQUIRED SIGNATURE:

Signature of a niephor 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