# L11000212084

(Requestor's Name)		
(Address)		
(Add	ress)	
(City/State/Zip/Phone #)		
PICK-UP	☐ WAIT	MAIL
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificate	s of Status
Special Instructions to Filing Officer:		





800304441398

10/12/17--01016--005 ++155.00

17 OCT 12 AMIO: 11
SECRETAR SECURIDA
FAIL SHESSEE FLORIDA

· · · · · · · · · · · ·

## Carol Allison Document Service 2650 Baywood Drive Titusville, Florida 32780 321.480.9789

October 5, 2017

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

RE: KEVINS AUTO GLASS, LLC.

Enclosed please find one original and one copy of Articles of Organization for the above LLC. Enclosed check for \$155.00 for the following fees.

Filing Fee Certified Copy \$125.00 \$30.00

Please return all correspondence concerning this matter to the following:

Carol Allison Document Service 2650 Baywood Drive Titusville, Florida 32780 321.480.9789

Sincerely,

Carol Allison

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I

Name of Limited Liability Company is:

KEVINS AUTO GLASS, LLC.

#### ARTICLE II

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

## **Principal Office Address:**

# Mailing Address:

5315 Paces Landing Rd. Mims, Fl. 32754

5315 Paces Landing Rd

Mims, Fl. 32754

### **ARTICLE III**

Registered Agent, Registered Office, & Registered Agent's Signature: (You must designate an individual or another business with an active Florida registration)

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

Kevin W. Chasteen 5315 Paces Landing Rd. Mims, Fl. 32754

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.

Date: October 5, 2017

## **ARTICLE IV**

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

<u>Title</u> <u>Name and Address</u> "MGR"=Manager

"AMBR"=Authorized Member

AMBR Kevin W. Chasteen
5315 Paces Landing Rd.
Mims, Fl. 32754

### **ARTICLE V**

Effective date, if other than the date of filing: File date
(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.)

REQUIRED SIGNATURE:

Kevin W. Chasteen October 5, 2017

(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.)