

L19000065162

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

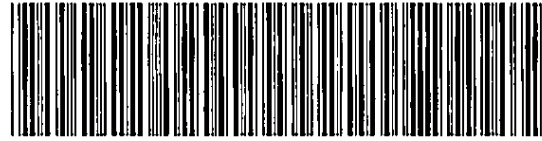
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



900325581749

03/05/19--01029--009    ♦\*155.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR - 7 PM 12: 35

C RICO  
MAR 05 2019

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

**Name:**

The name of the Limited Liability Company is:

**KOLE BROTHERS, LLC**

**ARTICLE II**

**Address:**

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

Principal Office Address: Mailing Address:

8578 Sweet Magnolia Place, Seminole, Florida 33777

**ARTICLE III**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Douglas Kole  
8578 Sweet Magnolia Place  
Seminole, Florida 33777

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR - 7 PM 12:35

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..

Registered Agent's Signature:



\_\_\_\_\_  
Douglas Kole, Registered Agent

**ARTICLE IV**

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

MGR	Douglas Kole	8578 Sweet Magnolia Place, Seminole, Florida 33777
MGR	Dennis Kole	1 Lucinda Lane, New Milford, Connecticut 06776

**ARTICLE V:**

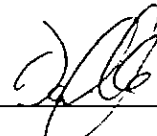
**Effective Date:**

Effective Date: The Date these Articles of Organization are filed with the Florida Department of State

**ARTICLE VI  
Other Provisions.**

None

REQUIRED SIGNATURE:



\_\_\_\_\_  
Douglas Kole, Manager

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
19 MAR - 7 PM 12: 35

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.

**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)