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COVER LETTER

Division of Corporations
SUBJECT: Since S 17 Kreeger, LLC. Name of Limited Liability Company
Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filling.
Please return all correspondence concerning this matter to the following:
Joanne of Person
Streets H Keiper LLC Firm Company
6519 Watarine Bird
City/State and Zip Code
City/State and Zip Code
E-mail address: (to be used for future annual report notification)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Name of Person School Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
□\$125.00 Filing Fee □\$130.00 Filing Fee & □\$155.00 Filing Fee & □\$160.00 Filing Fee Certificate of Status Certified Copy Certificate of Status

Mailing Address

1)

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New Filing Section

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

Street Address

(additional copy is enclosed)

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:			
(Must conatin the words "Limited Liab	Hity Company, "L.L.C.," or "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:		
LESSA Lectarner Bird Livered Hill, FL 32507	- Scarie		
ARTICLE III - Registered Agent, Registered Office, & R (The Limited Liability Company cannot serve as its own Registered business entity with an active Florida registration.) The name and the Florida street address of the registered agent	istered Agent. You must designate an individual or		
· •	me Denzisch		
Florida street address (P.O. Box NOT acceptable)			
Laurel Hill	Florida 32567 State Zip		
claving been named as registered agent and to accept service of place designated in this certificate. I hereby accept the appointm arther agree to comply with the provisions of all statutes relating am familiar with and accept the obligations of my position as reg	ent as registered agent and agree to act in this capacity. T g to the proper and complete performance of my duties, and t		
Registered.	Agent's Signature (REQUIRED)		

(CONTINUED)

Title: "AMBR" = Authorized Member	Same and Address:
"MGR" = Manager	Jeanne L. Demysery - 1515 Le Marker 13144.5 - La rei Hill 151 35-47
t an effective date is listed, the date must be spe se date of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed of State's records
RTICLE VI: Other provisions, if any. Sec. Review of the second is	7 Suite 7 (CC) (3)
REOURED SIGNATURE:	100 \$ Direplies
Signature of a mer This document is execute I am aware that any false	mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in \$.817.155, F.S.
_ Jean	Typed or printed name of signee 0
\$125.00 Filing Fee for Articles of Org	Filing Fees; anization and Designation of Registered Agent

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

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)