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Division of Corporations

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From:

Account Name : INTERSTATE FILINGS LLC

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: (718) 569-2703

Fax Number

: (718)504-7890

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Email Address: contact@interstatefilings.com

FLORIDA LIMITED LIABILITY CO. **KEYSTONE B2B LLC**

Certificate of Status	0
Certified Copy	0
Page Count	03
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MAY 19 2016

Electronic Filing Menu

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Help

S. GILBERT

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ARTICLES OF ORGANIZATION FOR FLORI	IDA LIMITED LIABILITY COMPANY		
ARTICLE I - Name: The name of the Limited Liability Company is:			
KEYSTONE B2B LLC (Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the principal office of			•
Principal Office Address:	Mailing Address:		
8125 NATIVE DANCER RD. EAST PALM BEACH GARDENS, FL 33418	1820 EAST GATE DR. MT. LAUREL, NJ 08054		
ARTICLE III - Registered Agent, Registered Office, & Registered Limited Liability Company cannot serve as its own Registanother business entity with an active Florida registration.)	gistered Agent's Signature: stered Agent. You must designate an individual or	5	
The name and the Florida street address of the registered agent	tare: 의명 기계	<u>∓</u> .	• ;
SANTO BARRETTA	රා ජී දා ජී	<u> </u>	Al
Nam 8125 NATIVE DANCER I	, V , V , V , V , V , V , V , V , V , V	:0 HH IO:	
Florida street address (P.O	o. Box <u>NOT</u> acceptable)	ယ္	*. _{(0.} *

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..

State

PALM BEACH GRDNS FL

City

sam Barretta Registered Agent's Signature (REQUIRED)

33418

Zip

(CONTINUED)

Page 1 of 2

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"MGR" = Manager	Nember	Name and Address:
	HIGHIODI	
MGRM		M&G REALTY ENTERPRISES LLC
		8125 NATIVE DANCER RD. EAST
	<u>. </u>	PALM BEACH GARDENS, FL 33418
	-	
	_	Annual Control of the
	- -	
	-	
	-	
	-	-
Use attachment if nec	essary)	
	n the Department of State's re	plicable statutory filing requirements, this date will not ecords.
REQUIRED SIGNA	iure: Sam Ba	rretta
This d I am a	Sam Ba Signature of a member or as ocument is executed in accor ware that any false information	n'authorized representative of a member reduce with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State provided for in s.817.155, F.S.
This d I am a	Sam Ba Signature of a member or as ocument is executed in accordance that any false information uses a third degree felony as particles.	n authorized representative of a member and ance with section 605.0203 (1) (b), Florida Statutes, on submitted in a document to the Department of State

Page 2 of 2

\$ 5.00 Certificate of Status (Optional)