# LOIOOOOOOOOOO

#### Florida Department of State

Division of Corporations
Public Access System
Katherine Harris, Secretary of State

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H01000115938 2)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : FAS-T CORP. AGENTS, INC.

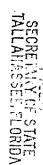
Account Number : 071001002335 Phone : (305)599-0839 Fax Number : (305)716-0346

AL

### LIMITED LIABILITY COMPANY

KEVINALLYSA, L.L.C.

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00



(850)487-6013 11/21/01 09:23 F1 Dept of State p1 /1



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 21, 2001

FAS-T CORP. AGENTS, INC.

SUBJECT: KEVINALLYSA, L.L.C.

REF: W01000026693

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The document is illegible and not acceptable for imaging.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Agnes Lunt Document Specialist FAX Aud. #: H01000115938 Letter Number: 001A00062356

ARTICLES OF ORGANIZATION FOR FI	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	KEVINALLYSA, L.L.C.
The mailing address and street	cipal office of the Limited Liability Company is:

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

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 occept the obligations of my position as registered opens as provided for in Chapter 608, F.S.

Registered Agent's Signature

HO1000115938 2

Article IV - Management (Cherk box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and it, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an nathorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

nd NOV 21

HO1000115938 2