

# L02000004583

Florida Department of State  
Division of Corporations  
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Katherine Harris, Secretary of State

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**To:**

Division of Corporations  
Fax Number : (850) 205-0383

**From:**

*Angie Calabrese*  
Account Name : AKERMAN, SENTERFITT & EIDSON, P.A.  
Account Number : 075472001363  
Phone : (305) 374-5600  
Fax Number : (305) 374-5095

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## LIMITED LIABILITY COMPANY

PERFORMING ARTS CENTERS FOR KEY WEST, L.C.

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is: PERFORMING ARTS CENTERS FOR KEY WEST, L.C.

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: 302 Southard Street, Suite 104, Key West, Florida 33040.

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

American Information Services, Inc.  
One S.E. Third Avenue, 28th Floor  
Miami, Florida 33131

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*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 608, F.S.*

*Angelica M. Calabrese*

Registered Agent's Signature  
Angelica M. Calabrese, Assistant Secretary

**ARTICLE IV - Management (Check box if applicable.)**

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

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

*Henry H. Raattama*

Signature of a member or an authorized 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.)

Henry H. Raattama

Typed or printed name of signer

**FILING FEES:**

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)