

L02000023936

KelleyGreen
PO BOX 142485
GAINESVILLE FL 32614

August 30, 2002

DIVISION OF CORPORATIONS, Registration Section
PO BOX 6327
Tallahassee, FL 32314

300007724439-1
-09/13/02--01021--009
***160.00 ***160.00

Ladies and Gentlemen:

Thank you for your assistance on the phone the other day. We are filing our LLC and enclose the Articles, and the check. Please send the papers to the mailing address above. Please also include the Certified Copy and Certificate of Status.

Additionally, please include us on your records as members, as you suggested this would assist us in opening our bank account:

Jim and Nina Kelley, PO BOX 142485, GAINESVILLE FL 32614

Our daytime phone number is (352) 219-8328. Please feel free to call us if you have questions.

Nina Kelley
Jim & Nina Kelley
KelleyGreen
James Kelley

Enclosures (2)

nk

Name Availability	
Document Examiner	DCC
Updater	DCC
Updater Verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC

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FILED
02 SEP 13 AM 11:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KelleyGreen LLC

ARTICLE II - Address:

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

mail to: P. O. BOX 142485
GAINESVILLE, FL 32614

3521 NW 41 TERR
GAINESVILLE FL 32606

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

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

Christine Alicot
Name
3521 NW 41 terr
Florida street address (P.O. Box **NOT** acceptable)
GAINESVILLE FL 32606
City, State, and Zip

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.

Christine Alicot
Registered Agent's Signature

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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)

James Kelley
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.)

JAMES KELLEY
Typed or printed name of signee

- 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)