

L03000003036

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP  WAIT  MAIL

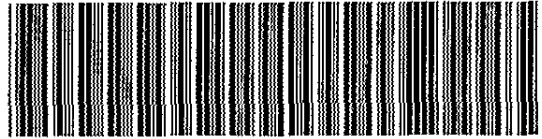
(Business Entity Name)

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TALLAHASSEE, FLORIDA

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*BK*



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 907920 80457A

AUTHORIZATION :

*Patricia Pizito*

COST LIMIT : \$ 125.00

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03 JAN 27 PM 2:14  
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TALLAHASSEE, FLORIDA

ORDER DATE : January 27, 2003

ORDER TIME : 12:12 PM

ORDER NO. : 907920-005

CUSTOMER NO: 80457A

CUSTOMER: Cathy Hames, Secretary  
Black, Sims, Burnett And  
Birch, L.l.p.  
501 North Grandview Avenue  
3rd Floor  
Daytona Beach, FL 32118

DOMESTIC FILING

NAME: JOE KELLY BOOKKEEPING, LLC

EFFECTIVE DATE:

- ARTICLES OF INCORPORATION
- CERTIFICATE OF LIMITED PARTNERSHIP
- ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

- CERTIFIED COPY
- PLAIN STAMPED COPY
- CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Parramore - EXT. 1147

EXAMINER'S INITIALS: \_\_\_\_\_

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:  
JOE KELLY BOOKKEEPING, LLC

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:  
275 South Halifax Drive, Ormond Beach, Florida 32176

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

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

R. Joe Kelly  
Name

275 South Halifax Drive  
Florida street address (P.O. Box NOT acceptable)

Ormond Beach, FL 32176  
City, State, and Zip

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 FILED  
 STATE OF FLORIDA  
 TALLAHASSEE, FLORIDA

*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.*

R. Joe Kelly  
Registered Agent's Signature

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

R. Joe Kelly  
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.)

R. Joe Kelly  
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)