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(Requestor's Name)	_
(Address)	_
(Address)	<u> </u>
(City/State/Zip/Phone #)	
PICK-UP WAIT MAIL	
(Business Entity Name)	
(Document Number)	_
Certified Copies Certificates of Status	—
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CORPORATION SERVICE COMPANY"

ACCOUNT NO. : 07210000032	
REFERENCE : 085646 7175508	
AUTHORIZATION : Patricia Pinito	~
COST LIMIT : \$ 160.00	- El S
ORDER DATE : May 7, 2003	FILED III 13
ORDER TIME : 8:47 AM	E H
ORDER NO. : 085646-005	
CUSTOMER NO: 7175508	AND AND
CUSTOMER: Jeanette Ferguson Levenfeld Pearlstein	
Suite 1300 2 North Lasalle St. Chicago, IL 60602	
DOMESTIC FILING	
NAME: KEY RV ASSOCIATES LLC	

EFFECTIVE DATE:

- XX ____ ARTICLES OF ORGANIZATION
- PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XXCERTIFIED COPYXXCERTIFICATE OF GOOD STANDING

CONTACT PERSON: Kimberly Moret - EXT. 1149 EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY RV ASSOCIATES LLC

ARTICLE II - Address:

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

8137 NORTH 68TH STREET, PARADISE VALLEY, AZ 85253

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



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)

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

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

THOMAS G. JAROS, AUTHORIZED REPRESENTATIVE 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)