

L03000026393

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

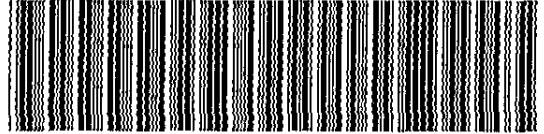
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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07/18/03--01056--015 **155.00

BK

RECEIVED
03 JUL 18 AM 11:17
FILED
03 JUL 18 PM 2:05
DIVISION OF CORPORATION
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Key Investment Partners, LLC

Signature _____

Requested by: _____

Name _____

Date

7/18/03

Time

10:27

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ ☒ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ ☒ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

FILED
JUL 18 PM 2:05
TALLAHASSEE
FLORIDA

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

ARTICLE I – Name:

The name of the Limited Liability Company shall be **Key Investment Partners, LLC**

ARTICLE II – Address and Place of Business:

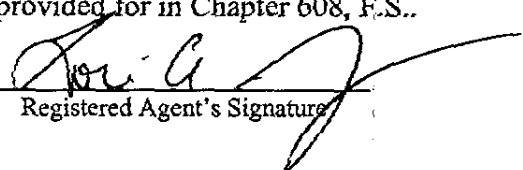
The mailing address and principal place of business for the limited liability company shall be **Key Investment Partners, LLC, 10138 U.S. 19 Port Richey, Fl. 34668**

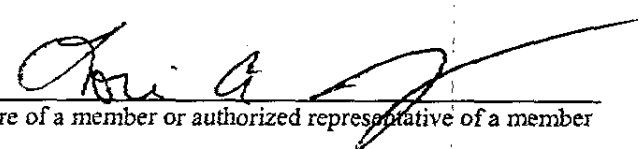
**ARTICLE III – Registered Agent, Registered Office & Registered Agent's
Signature:**

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

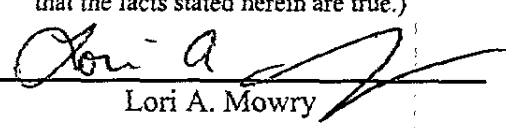
Lori A Mowry
10138 U.S. 19
Port Richey, Fl. 34668

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..


Registered Agent's Signature


Signature of a member or 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.)


Lori A. Mowry