## L03 0000 29 655

(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ddress)	
(CI	ty/State/Zip/Phone	#)
PICK-UP	☐ WAIT	MAIL
(Bt	usiness Entity Name	e)
(Da	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	
		\
		8/120
	Office Use Only	KU,



800021911718

08-08-013--01057--003 \*\*160.00

03 AUG -8 AM 9: 15

## TRANSMITTAL LETTÉR

Registration Section Division of Corporations

TO:

	es Lost & Found Registry, LLC Limited Liability Company)	
The enclosed Articles of Organization an	d fee(s) are submitted for filing.	
Please return all correspondence concern	ing this matter to the following:	
Albert I Valley	IALL	
Albert L. Kelley (Name of Person)	A A	
(Name of Ferson)	Ass	
Albert L. Kelley, P.A.	SEE, FLORIC	
(Firm/Company)		
	District the second sec	
926 Truman Ave. (Address)		
Key West, FL 33040 (City/State and Zip Co	ode)	
For further information concerning this m	natter, please call:	
Albert Kelley (Name of Person)	at (305 ) 296-0160 (Area Code & Daytime Telephone Number)	
( comments of a property	(a code at bayante retopione (minor)	
STREET ADDRESS: Registration Section	MAILING ADDRESS: Registration Section	
Division of Corporations 409 E. Gaines Street	Division of Corporations P.O. Box 6327	
Tallahassee Florida 32300	Tallahassaa Florida 2021/	

## ARTICLES OF ORGANIZATION FOR THE UNITED STATES LOST & FOUND REGISTRY, LLC

A FLORIDA LIMITED LIABILITY COMPANY

The undersigned hereby form a limited liability company ("LLC") under the Florida.

Limited Liability Company Act and hereby adopt the following Articles of Organization the LLC:

ARTICLE 1. Name: The name of the Limited Liability Company is THE UNIT STATES LOST & FOUND REGISTRY, LLC.

**ARTICLE 2.** Address: The initial mailing address of the Limited Liability Company is P.O. Box 6570, Key West, FL 33041. The physical address of the company shall be 921 White St., Key West, FL 33040.

**ARTICLE 3.** Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the Registered Agent are:

Albert L. Kelley 926 Truman Ave. Key West, FL 33040

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.

Albert L. Kelley

**ARTICLE 4.** Management: The Limited Liability Company is to be managed by one or more members and is therefore a member-managed company. The initial manager shall be Albert Kelley.

ARTICLE 5. Duration: The duration of the Company shall be perpetual

**ARTICLE 6.** Powers: The Company shall have all powers that may be held by limited liability companies under the laws of the State of Florida as they may be amended from

time to time. The purpose for which the Company is organized is the transaction of any or all lawful business for which limited liability companies may be organized under the laws of the State of Florida as they may be amended from time to time.

**ARTICLE 7.** Operating Agreement: The members shall enter into an Operating Agreement which relates to the business of the Company, the conduct of its affairs, its rights or powers and the rights or powers of its members, managers, officers, employees or agents.

IN WITNESS WHEREOF, we the undersigned incorporators have set our hands on the date indicated below.

Date: Signature: Albert L. Kelley