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	(Requestor's Name)
	(Address)
_	(Address)
	(City(Chata/Tip(Dhana th
	(City/State/Zip/Phone #)
	PICK-UP WAIT MAIL
	(Business Entity Name)
	(Document Number)
Ce	ertified Copies Certificates of Status
8	Special Instructions to Filing Officer:
	Name
	Availability
	Document
Ì	Updater Office Use Only
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	Acknowledgement DCC
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## TRANSMITTAL LETTER

TO: Registration Section Division of Corporations							
SUBJECT: KELLY D CARNEY LLC (Name of Limited Liability Company)	•						
The enclosed Articles of Organization and fee(s) are submitted for filing.							
Please return all correspondence concerning this matter to the following:							
KELLY D CARNEY							
(Name of Person)							
KELLY D CARNEY LLC	_						
(Firm/Company)							
6216 TEMPLE ROAD		_					
(Address)		<u>=</u>					
JACKSONVILLE, FL 32217	03 k	71517 21518 21518					
(City/State and Zip Code)	03 NOV 26						
For further information concerning this matter, please call:							
KELLY D CARNEY at (904) 449-2520 (Name of Person) (Area Code & Daytime Telephone Number)	AM 10: 08	RATIONS					

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KELLY D C	ARNEY LLC	·	······································	
ARTICLE II - Ad The mailing addres		incipal office of the Limited Lia	bility Com	pany is
Principal Office A	ddress:	Mailing Address:		
6216 TEMPLE	ROAD	SAME		-
JACKSONVILL	E, FL 32217			·
			-	<b>-</b>
	gistered Agent, Registered lorida street address of the re	Office, & Registered Agent's Segistered agent are:	03 Nare:	SECRE SAL
	KELLY D CARNEY		A	107.5 107.5 107.5
	Name		10: 08	35
	6216 TEMPLE ROAD		ž	110
-				
-	Florida street address (P.O.	Rox MOI acceptante)		
-	JACKSONVILLE,  City, State, an	FLORIDA 32217		

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, Florida Statutes..

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Mana "MGRM" = Ma	iger naging Member	Name and Address:	
MGR/MGRM		KELLY D CARNEY	
			<del></del>
			_
<del></del>	<del></del>		<del>-</del>
<del></del>	<del></del>	<del></del>	ī Zs
(Use attachment	if necessary)	NOV 26	TOPE TA
NOTE: An add	litional article must be a	dded if an effective date is requested	THE STA
REQUIRED SI	GNATURE:	80	TOWN
	TYAN P.	(my 11/23/03	S
Sign	sature of a member or an auti	norized representative of a member.	
of th	accordance with section 608.40 nis document constitutes an affithe facts stated herein are true.	8(3), Florida Statutes, the execution rmation under the penalties of perjury )	
	KELLY D CA		
<del></del>	Typed or printe	ed 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)