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**250.00

(Requestor's Name) (Address) (Address)	800025395938
(City/State/Zip/Phone #)	
(Business Entity Name) (Document Number)	12/16/0301007015 **2
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TRANSMITTAL LETTER

FILED 03 050 15 PH 1: 25

TO: Registration Section
Division of Corporations

SUBJECT: Keyster Properties, LLC

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

William J. Mittendorf, Esq.
(Name of Person)
_ Keyster Properties, LLC
(Firm/Company)
24803 Detroit Road, Unit A
(Address)
Westlake, Ohio 44145- 2553
(City/State and Zip Code)

For further information concerning this matter, please call:

William J. Mittendorf, Esq. at (440) 892-8411

(Name of Person) (Area Code & Daytime Telephone Number)

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 US DEC 15 File 2

AR	TT	CI	\mathbf{E}	T _	Na	me:

The name of the Limited Liability Company is:

i i si			E. FLORIDA
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Keyster Properties, LLC

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
321 8th Street	P. O. Box 510606
Key Colony Beach, FL 33051	Key Colony Beach, FL 33051
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r	
Vincent L. Thompson, Ju	· •
Name	
321 8th Street	
Florida street address (P.C	D. Box NOT acceptable)

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

City, State, and Zip

Vincent L. Thompson, 9r.

Key Colony Beach,

(CONTINUED)

Tial on	Nome and Address.	FILED
<u>Title:</u> "MGR" = Manager	Name and Address:	03 NEC 15 PH 1: 25
"MGRM" = Managing Member		TALL TO
MGRM	Vincent L. T hompson, Jr.	Marie John
	321 8th Street	
	Key Colony Beach, FL 33051	
		
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(Use attachment if necessary)		
NOTE: An additional article must	be added if an effective date is reques	ited.
2/		
REQUIRED SIGNATURE,		
. / /		
X// //	1 h m	
Signature of a mem	ber or an authorized representative of a mem	ber.
(In accordance with	section 608.408(3), Florida Statutes, the execution	on ·
of this document cor that the facts stated	astitutes an affirmation under the penalties of per herein are true.)	Jury
Vincent L. Thom	pson, Jr.	
	Typed or printed name of signee	 -
	Filing Fees:	
	\$100.00 Filing Fee for Articles of Organiz	ation
	\$ 25.00 Designation of Registered Agent \$ 30.00 Certified Copy (Optional)	
	\$ 5.00 Certificate of Status (Optional)	