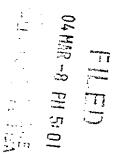
W4000020943

| (Requestor's Name) | | |
|---|--|--|
| (Address) | | |
| | | |
| (Address) | | |
| (City/State/Zip/Phone #) | | |
| PICK-UP WAIT MAIL | | |
| | | |
| (Business Entity Name) | | |
| (Document Number) | | |
| Certified Copies Certificates of Status | | |
| Serumed Copies Cerumcates of Status | | |
| Special Instructions to Filing Officer: | | |
| 3/8 PLIC. | | |
| 1 | | |
| | | |
| | | |
| Office Use Only | | |



03/08/04--01026--006 **125.00

M.M



TRANSMITTAL LETTER

| TO: Registration Section Division of Corporations | | |
|---|--|--|
| SUBJECT: Kelley J. Scott, Altorney at Law, 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: | | |
| Kelley J. Scott (Name of Person) | | |
| Kelley J. Scott, Altorney at Law (Firm/Company) | | |
| 1673 Austin Lane | | |
| (Address) | | |
| Saint Augustine, Florida 32092 (City/State and Zip Code) | | |
| For further information concerning this matter, please call: | | |
| Kelley Scott 21904, 651-7525 | | |

STREET ADDRESS:

(Name of Person)

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

MAILING ADDRESS: Registration Section
Division of Corporations P.O. Box 6327

(Area Code & Daytime Telephone Number)

Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | | |
|---|--------------------|--|--|
| Kelley J. Scott, Attorney at Low | , 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: | | |
| 1673 Austin Lane | 1673 Austin Lane | | |
| Saint Augustine, FL | Sant Augustine, FL | | |
| 32092 | 32092 | | |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: | | | |
| Kelley J. Scott Name | | | |
| Florida street address (P.O. Box NC | Le Dill | | |
| Sant Augustine, FLORIDA 32092 5. 8 | | | |

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..

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> | Name and Address: |
|---|--|
| "MGR" = Manager | |
| "MGRM" = Managing Member | |
| MGR | Kelley J. Scott |
| | 1673 Auto Lane |
| | Sant Augustine, FL 32092 |
| | 0 |
| | |
| | |
| | |
| | |
| <u> </u> | the state of the s |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose attachment it necessary) | |
| | |
| | |
| NOTE: An additional article must be | e added if an effective date is requested. |
| THO E DE THE MUDICIONAL BETTER PRODUCTION | |
| REQUIRED SIGNATURE: | |
| | |
| Kelley J. Xe | oll |
| Signature of a member or an a | authorized representative of a member. |
| 7 | 3.408(3), Florida Statutes, the execution |
| | affirmation under the penalties of perjury |
| that the facts stated herein are to | rue.) |
| Xeller T Sitt | - |
| Typed or pr | rinted 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)