

L04000030182

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000083415 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : AMERICAN FILING SERVICES
Account Number : I20040000066
Phone : (713) 729-9569
Fax Number : (305) 675-0999

RECEIVED

04 APR 20 AM 7:51

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

KILLILEA PROPERTIES LLC.

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

04 APR 20 AM 8:53
AND
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

DB
4/21/04

H040000 834153

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KILLILEA 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:

13800 SW 16TH ST

13800 SW 16TH ST

DAVIE

DAVIE

FL 33325

FL 33325

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

KEVIN M KILLILEA

Name

13800 SW 16TH ST

Florida street address (P.O. Box **NOT** acceptable)

DAVIE

FLORIDA 33325

City, State, and Zip

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..

Kevin M Killilea

Registered Agent's Signature

H040000 834153

04 APR 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

H090000834153

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

KEVIN M KILLILEA

13800 SW 16TH ST

DAVIE, FL 33325

MGRM

ELIZABETH G KILLILEA

13800 SW 16TH ST

DAVIE, FL 33325

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

Jafar Tarawneh

Typed or printed 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)

04 APR 20 AM 8:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
FILED

H040000834153