

W04 000031257

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

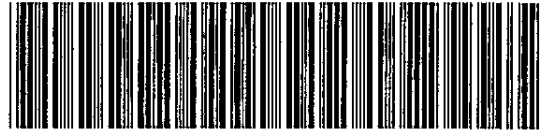
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



600032950236

04/19/04--01077--008 **160.00

W04-31257
OK

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Michael Kelley 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:

Michael Kelley
(Name of Person)

Michael Kelley LLC
(Firm/Company)

2900 Palm Ave Dr N 302
(Address)

Pompano Beach Florida 33069
(City/State and Zip Code)

For further information concerning this matter, please call:

Michael Kelley at (954) 984-4265
(Name of Person) (Area Code & Daytime Telephone Number)
or
954-415-5144

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

APR 11 2006

117

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Michael Kelley LLC

ARTICLE II - Address:

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

Principal Office Address:

2900 Palm Ave Dr N 302

Pompano Beach, FL 33069

Mailing Address:

Michael Kelley

2900 Palm Ave Dr N 302

Pompano Beach FL 33069

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

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

Michael Kelley
Name

2900 Palm Ave Dr N 302
Florida street address (P.O. Box NOT acceptable)

Pompano Beach FLORIDA 33069
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..

Michael Kelley
Registered Agent's Signature

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

Michael Kelley
2900 Palm Aire Dr N 302
Pompano Beach FL 33069

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Michael Kelley
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.)

Michael Kelley
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)