L0400005a13

| · | | |
|---|-------------|--|
| γ. γ. | ECRETARY C | E 2000 S. E E 0 200 A como maio and |
| (Requestor's Name) | · | |
| (Address) | | |
| (Addless) | | 40003833 |
| (Address) | | 40003033 |
| | | |
| (City/State/Zip/Phone #) | | +17/118/04 - 010420 |
| PICK-UP WAIT |] MAIL | |
| | , <u>"</u> | |
| (Business Entity Name) | | |
| | · | |
| (Document Number) | | |
| | : | |
| Certified Copies Certificates of State | rs | |
| [| | • |
| Special Instructions to Filing Officer: | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



8664

112 **160.00

July 7, 2004

FILED

2004 JUL -8 P 3 50

GECRETARY OF STATE

Florida Department of State Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32314 (850) 245-6051

To Whom It May Concern:

Please accept the enclosed Articles of Organization for "Keyhole Ventures LLC" as well as a check for the Filing Fee, Designation of Registered Agent, a Certified Copy and a Certificate of Status in the amount of \$160.00. If you have any questions regarding this, please contact me. The purpose of this LLC is real estate investment.

Sincerely;

Keyhole Ventures LLC

Jorge H. Garcia

75) Park of Commerce Drive

Splitte 118

Boca Raton, FL 33487

(561) 241-6736

50

TRANSMITTAL LETTER

FILED

| TO: Registration Section Division of Corporations | 2004 JUL -8 P 3: |
|--|---------------------|
| SUBJECT: Keyhole Ventures LLC (Name of Limited Liability Company) | SECRETARY OF STA |
| (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: |
| Jorga H. Carcia (Name of Person) | |
| Caccia Breaner a Stromber | g, Toc |
| 751 Prok of Commerce Oc #11 | 8 |
| Boca Raton, FL 3348 (City/State and Zip Code) | 7 |
| For further information concerning this matter, please call: | |
| JOCO, H. GOLG at (SG), 241 (Name of Person) at (Area Code & Daytin | e 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

FLORIDA LIMITED LIABILITY COMPANY

LALLAHASSE DE S ARTICLE I - Name: The name of the Limited Liability Company is: ARTIČLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: Principal Office Address: Commerce Drive.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

PCCK OF COMMERCE Drive # 18
Florida street address (P.O. Box NOT acceptable)

Boca Ration, FLORIDA 33487

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)

| | FILED | |
|--|---|----|
| ARTICLE IV- Manager(s) or Manager and address of each Manager and each Manag | anaging Member(s): Name and Address: Continue | ī0 |
| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | i |
| MGR | Jorge H. Cocric 7510 Park of Commerce Dairy #/18 Boca Raton, Pl 33487 | |
| MGRM. | Sturrt M. Brenner 751 Prek of Commerce Prive #18 Bosc Poton FZ 33487 | |
| MGRM | Peter T Strombers 751 Pork of Commette #118 Boro Rayon Fr 33487 | |
| MGRM | Douglas Coolmon 1911 Chauren Douglas Ft Louder Ide Fiz 33305 | |
| (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 on stitutes an affirmation under the penalties of perjury that the facts state Ucrein are true.)

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)