

L040600 75952

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

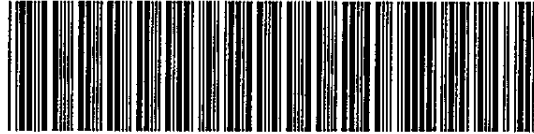
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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10/18/04--01050--002 **160.00

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October 8, 2004

To Whom It May Concern:

Enclosed are the filing fee documents and check.

If you need further information, feel free to contact us.

Thank you,

A handwritten signature in black ink, appearing to read 'Kirstin', is positioned below the 'Thank you,' text.

Kirstin Ocasek
S.R. Kozy Construction/ Kozy Koatings LLC
4124 ST RT 43
Brimfield, OH 44240
330-676-1288 PH
330-676-1268 Fax
kocasek@kozyconstruction.com

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kozy Coating L.P.C.
(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:

Kirstin Ocask
(Name of Person)

S.R. Kozy Construction
(Firm/Company)

4214 ST. RT 43
(Address)

Brimfield, OH 44240
(City/State and Zip Code)

For further information concerning this matter, please call:

Kirstin Ocask at (330) 676-1288
(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

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

Key Kootings LLC

ARTICLE II - Address:

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

Principal Office Address:

8745 International Drive
Orlando, Fla 32819
Room 308

Mailing Address:

8745 International Dr.
Orlando, Fla 32819
Room 308

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

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

William E. Kiper Jr
Name

8745 International Dr.
Florida street address (P.O. Box **NOT** acceptable)

Orlando FLORIDA 32819
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..

William E. Kiper Jr
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:

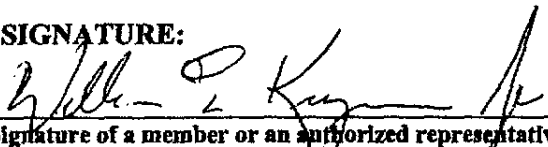
MGR

8745 International Dr
OWLANDO FL 32819

(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.)

William I. Kieper Jr
Typed or printed name of signee

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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)