

W4000086093

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

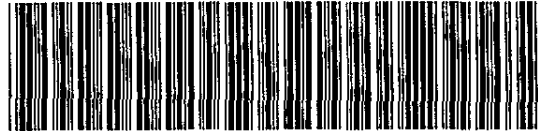
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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11/23/04--01009--035 **130.00

FILED
NOV 23 2004
TALLAHASSEE, FLORIDA

W4-86093
gr

John S. Keeley
Tiffany Keeley
Keeley's Custom Boat Tops
12921 N. Albany Avenue
Tampa, Fl. 33612
(813) 727-6199

November 18, 2004

Registration Section
Division of Corporations
Post Office Box 6327

Tallahassee, Fl. 32314

To Whom It May Concern:

The enclosed Articles of Organization and fee(s) are submitted for filing.

Thank you,


/ Tiffany Keeley

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NOV 19 PM 1:39

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: KEELEY's Custom Boat Tops, 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:

John S. KEELEY
(Name of Person)

KEELEY's Custom Boat Tops LLC
(Firm/Company)

12921 N Albany Ave
(Address)

Tampa, FL 33612
(City/State and Zip Code)

For further information concerning this matter, please call:

John KEELEY at (813) 727-6199
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|---|

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

FILED
TALLAHASSEE, FLORIDA
OCT 19 2002 PM 1:30

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEELEY's Custom Boat Tops LLC

ARTICLE II - Address:

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

Principal Office Address:

John S. KEELEY

Mailing Address:

12921 N Albany Ave
Tampa, FL 33612

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

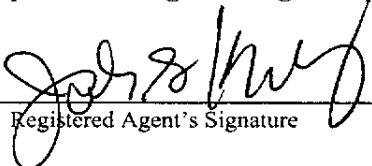
The name and the Florida street address of the registered agent are:

John S. KEELEY
Name

12921 N Albany Ave
Florida street address (P.O. Box **NOT** acceptable)

Tampa FL 33612
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, F.S..


Registered Agent's Signature

(CONTINUED)

FILED
JAN 22 2011
TAMPA, FLORIDA

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:

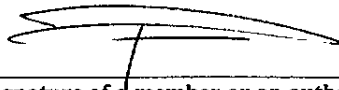
MGRM

Tiffany KEELEY
12421 N Albany Ave
Tampa, FL 33613

(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.)

Tiffany KEELEY
Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

FILED
2010/02/04 1:31
CLERK OF COURT
TAMPA, FLORIDA