# L05000000827

(Re	equestor's Name)		
(Ad	dress)		
(Ad	dress)		
(Cit	ry/State/Zip/Phone	e #)	
PICK-UP	MAIT	MAIL	
(Business Entity Name)			
(Do	cument Number)		
Certified Copies	_ Certificates	of Status	
Special Instructions to Filing Officer:			

Office Use Only



800045191228

##160.00 \*\*160.00

AUTHORIZATION OF LIC NAME DATE 2200 DOC. EXAM. B

5 JAN 24 PM 2: 27

7.20

# TRANSMITTAL LETTER

TO: Registration Division of	n Section Corporation		
SUBJECT:	KELLY KLEIN & AS	SOCIATES, LLC	
	( Name of Limited	Liability Company)	
The enclosed Article	es of Organization and fee(s) are subm	nitted for filing	
Please return all corr	respondence concerning this matter to	the following:	
		Y SOMMER of Person)	
		JSINESS SERVICES Company)	<b>7</b> 9. <b>3</b>
		ROAD, SUITE 103 dress)	PILED PH 2: 27 05 JAN 24 PH 2: 27 TALLANASEE TORDA
		GEORGIA 30066 and Zip Code)	1 2: 27
For further informat	ion concerning this matter, please cal	1:	•
JERRY S	OMMER at 770 ame of Person) (Area C	517-1391 Ode & Daytime Telephone N	Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fe	<del>-</del>	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
-		MAN INC.	DDDDEGG

STREET ADDRESS: Registration Section Division Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDDRESS: Registration Section Division of Corporations PO Box 6327 Tallahassee, Florida 32314

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIBILITY COMPANY

## ARTICLE 1 - Name:

ARTICLE II - Address:

The name of the Limited Liability Company is:

# KELLY KLEIN & ASSOC LATES, LLC

The mailing address and street ad	ldress of the principal office of the Limited Liability Company	' is:		
Principal Office Address:	Mailing Address:			
12 East Henry Court	12 East Henry Court			
Santa Rosa Beach, Florida	Santa Rosa Beach, Florida			
32459	32459			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  The name and the Florida street address of the registered agent are:  KELLY KLEIN  Name  12 EAST HENRY STREET  Florida street address (P.O. Box NOT acceptable)  SANTA ROSA BEACH, FL 32459				
	City, State, and Zip			

Having been named as registered agent and to accept service of process for the above stated limited liability company as 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)

The name and address of each Manager or	Managing Member is as follows:			
Title: "MGR" = Manager "MGRM" = Managing Manager	Name and Address:			
MGRM	KELLY KLEIN			
	12 EAST HENRY STREET			
	SANTA ROSA BEACH, FL 32459			
MGRM	CHRISTINA BOZDECH			
	12 EAST HENRY STREET			
	SANTA ROSA BEACH, FL 32459			
	<del></del>			
(Use attachment if necessary)				
NOTE: An additional article must be add	ed if an effective date is requested.			
	Klein 7 F F authorized representative of a member.			
of this document constitutes an	Action authorized representative of a member.  18, 408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.)			
	LLY KLEIN			
Typed or pr	inted name of signee			
Filing Fees:				

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

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)