2005 FEB +3 P 3: 27 SECRETARY OF STATE (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: 1205 5754

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FLORIDA DEPARTMENT OF STATE Glenda E. Hood

Secretary of State

ZOOS FEB -3 P 3: 27 SECRETARY OF STATE TALLAHASSEE, FLORIDA

February 3, 2005

AUBURNDALE BOOKKEEPING & TAX SERVICE 335 HAVENDALE BLVD. AUBURNDALE, FL 33823

SUBJECT: KELLEY RESIDENTIAL SERVICES, LLC

Ref. Number: W05000005756

We have received your document for KELLEY RESIDENTIAL SERVICES, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6094.

Letter Number: 605A00007826

Agnes Lunt Document Specialist

Division of Corporations - P.O. BOX 6327 -Tallahassee, Florida 32314

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### TRANSMITTAL LETTER

SECRETARY OF STATE TALLAHASSEE, FLORIDA

Department of State Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

SUBJECT: Lelle Residential Services LLC
(Proposed corporate name - Just include suffix)

Enclosed is an original and one(1) copy of the articles of incorporation and a check for:

125.00 S78.75 **□** \$87.50 **S70.00** Filing Fee Filing Fee & Filing Fee Filing Fee, Certificate of & Certified Copy Certified Copy Starus & Certificate ADDITIONAL COPY REQUIRED

FROM: Aubarn lele Bookkeeping + Topo Service Name (Printed or typed) Acharale F/ 33823
City, State & Zip 888-965-1161
Daytime Telephone number

NOTE: Please provide the original and one copy of the articles

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2005 FEB -3 P 3: 27 SECRETARY OF STATE

## ARTICLES OF ORGANIZATION

Kelley Residential Services LLC

#### A LIMITED LIABILITY COMPANY

(Pursuant to Chapter 608, Florida Statutes)

- 1. Name. The name of the limited liability company is Kelley Residential Services LLC.
- 2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
- 3. Address of Principal Office. The street address of the principal office of the limited liability company is:
- 13 Morton Rd Winter Haven Fl 33881
- 4. Mailing Address. The mailing address of the limited liability company is:
- 13 Morton Rd Winter Haven, Fl 33881
- 5. <u>Management.</u> The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
- 6. Registered Agent, Registered Office, and Registered Agents Signature. The name and the Florida street address of the registered agent is:

Jason Kelley 13 Morton Rd Winter Haven, Fl 33881

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 provisional 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.

Jason Kelley

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7. Effective Date. The effective date of the limited liability company shall be the limited liab

02/10/2005

Jason Kelley Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)