

LOS0000 29 757

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

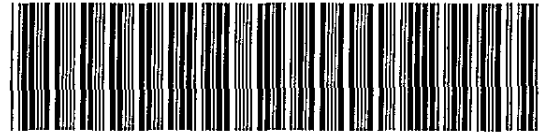
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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2005 MAR 24 AM 10:33  
SECRETARY  
TALLAHASSEE, FL 323

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## TRANSMITTAL LETTER

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Fl. 32314

SUBJECT: KEY WEST STYLE HOMES, LLC  
(Proposed LLC name-must include suffix)

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

☒ \$100.00  
Filing Fee

☒ \$25.00  
Designation  
Registered agent

☐ \$30.00  
Certified Copy

☐ \$5.00  
Certificate of  
Status

FROM: STANLEY J. SOLOMON  
Name (Printed or Typed)

3511 SOUTH PENINSULA DRIVE  
Address

PORT ORANGE, FL. 32127  
City, State & Zip

(386) 761-5733  
Daytime Telephone number

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TALLAHASSEE, FLORIDA

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

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**KEY WEST STYLE HOMES, LLC**

**ARTICLE II - Address:**

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

**Principal Office Address:**

**Mailing Address:**

1315 LPGA Blvd.  
Holly Hill, Fl. 32117

Same

**ARTICLE III - Registered Agent, Registered Office & Registered Agent Signature:**

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

Larry Hiss

Name

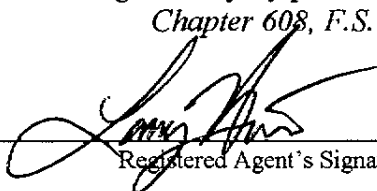
1315 LPGA Blvd.,

Florida street address ( P.O. Box **Not** acceptable )

Holly Hill, Fl. 32117

City, State and Zip

*Having been named as registered agent and to accept service of process for the above state 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)**

**Page 1 of 2**

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**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

Larry Hiss


90 Cone Rd.

Ormond Beach, FL 32174

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is required.**

**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.)

Larry Hiss

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation  
Or Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**

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