

L05002039136

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 205-0383

From:

Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212) 431-5000
Fax Number : (212) 431-1441

LIMITED LIABILITY COMPANY

KEAP ASSOCIATES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

RECEIVED

05 APR 21 AM 7:58

DIVISION OF CORPORATIONS

TALLAHASSEE, FLORIDA

05 APR 21 AM 8:18

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEAP ASSOCIATES, LLC

ARTICLE II - Address:

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

Principal Office Address:

11796 W. Valley Spring Lane
Homosassa, FL 34448

Mailing Address:

11796 W. Valley Spring Lane
Homosassa, FL 34448

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

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

Anthony Dimino

Name

11796 W. Valley Spring Lane

Florida street address (P.O. Box NOT acceptable)

Homosassa,

FL 34448

City, State, and Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company of 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 correct performance of my duties, and I am familiar with and accept the obligations of my position as provided for in Chapter 608, F.S.

[Signature]
Registered Agent's Signature

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TALLAHASSEE, FLORIDA

(CONTINUED)

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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:

MGRM

Anthony F. Dimino

11796 W. Valley Spring Lane

Homosassa, FL 34448

MGRM

Florence Dimino

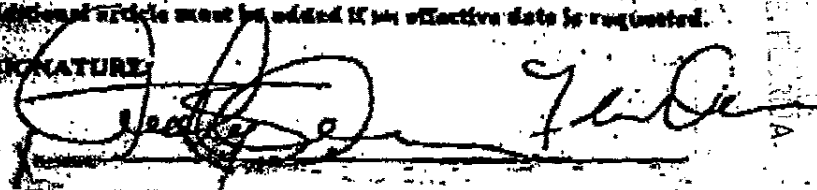
11796 W. Valley Spring Lane

Homosassa, FL 34448

(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.)

Anthony Dimino

Florence Dimino

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)

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