

L050000 52562

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

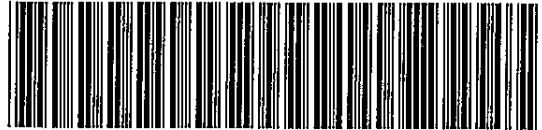
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

BK

Office Use Only



500054717065

05/26/05--01031--015 **125.00

RECEIVED
05 MAY 26 AM 11:58
OFFICE OF THE CLERK OF THE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
05 MAY 26 PM 2:44
CLERK OF THE STATE
TALLAHASSEE, FLORIDA

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

Key Repair Center, LLC

FILED
05 MAY 26 PM 2:44
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Signature _____

Requested by: _____

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

Art of Inc. File _____

LTD Partnership File _____

Foreign Corp. File _____

☒ L.C. File _____

Fictitious Name File _____

Trade/Service Mark _____

Merger File _____

Art. of Amend. File _____

RA Resignation _____

Dissolution / Withdrawal _____

Annual Report / Reinstatement _____

☒ Cert. Copy _____

Photo Copy _____

Certificate of Good Standing _____

Certificate of Status _____

Certificate of Fictitious Name _____

Corp Record Search _____

Officer Search _____

Fictitious Search _____

Fictitious Owner Search _____

Vehicle Search _____

Driving Record _____

UCC 1 or 3 File _____

UCC 11 Search _____

UCC 11 Retrieval _____

Courier _____

**ARTICLES OF ORGANIZATION OF
KEY REPAIR CENTER, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I - NAME:

The name of the Limited Liability Company is Key Repair Center, LLC.

ARTICLE II - ADDRESS:

The mailing address and street address of the principal office of the Limited Liability Company is 4340 Avalon Boulevard, Milton, Florida 32583.

ARTICLE III - DURATION:

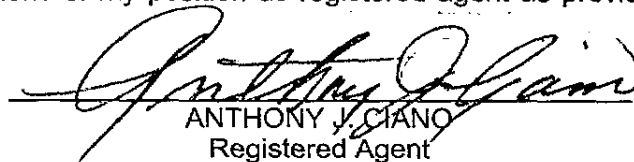
The period of duration for the Limited Liability Company shall be perpetual.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE:**

The street address of the initial registered office of this corporation in the State of Florida and the name of its initial registered agent at that office is as follows:

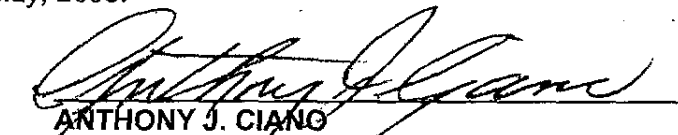
Anthony J. Ciano
5970 Pensacola Boulevard
Pensacola, Florida 32505

Having been named as registered agent and to accept service or 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, Florida Statutes.


ANTHONY J. CIANO
Registered Agent

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this 24 day of May, 2005.


Witness Teresa Brandt


ANTHONY J. CIANO

FILED
05 MAY 26 PM 4:5
SECRETARY OF STATE
TALLAHASSEE, FLORIDA