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| (Re | equestor's Name) | |
|-------------------------|--------------------|-------------------|
| (Ad | ldress) | |
| (Ad | dress) | |
| (Cit | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bu | siness Entity Nam | ne) |
| (Do | cument Number) | |
| Certified Copies | _ Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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| | <u>.</u> | 1114 |
| | Office Use Only | , <u>(11128</u>) |



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COVER LETTER

| TO: Registration Section Division of Corporations | | | |
|---|--------------|------------------|-------|
| SUBJECT: Kelly Enterprises LLC (Name of Limited Liability Company) | _ | | |
| The enclosed Articles of Organization and fee(s) are submitted for filling. | | | |
| Please return all correspondence concerning this matter to the following: | | | |
| Edward C. Kelly Jr. (Napor of Person) | | | |
| Edward C. Kelly Jr (Name of Person) Kelly Enterprises LLC (Firm/Company) | TAILL SEC | 05 NC | |
| 5124 Highbury Circle | AHASSE (| 05 NOV -2 PM 1:1 | FILED |
| SALASOTA, FL 34238 | FLORIE | H :: 12 | |
| (City/State and Zip Code) | B | | |
| For further information concerning this matter, please call: | | | |
| Edward C. Kelly J (at (941) 921 - 8338 (Name of Person) (Area Code & Daytime Telephone Number) | ··· | | |
| Enclosed is a check for the following amount: | | _ | |
| \$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certificate of Status}\$ Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed) | atus & | | |

Malling Address
Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

Street/Courler Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name | ART | CL | ΕI | - 1 | Name |
|-------------------------|-----|----|----|-----|------|
|-------------------------|-----|----|----|-----|------|

The name of the Limited Liability Company is:

Kelly Enterprises LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

Principal Office Address:

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

Mailing Address:

| 5124 Highbury Circle SArAsota, FL 34238 | 5124 Highbury Circle SALASOTA, FL 34238 | |
|--|---|---|
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business emity with an active Florida registration.) | Office, & Registered Agent's Signature of the Colored Agent. You must designate an individual or another Colored Agent. | |
| The name and the Florida street address of the re | egistered agent are: | ` |
| Edward C. | Kelly, Jr | |
| Name | | • |
| 5124 High | burg Circle | _ |
| Florida street addr | ress (P.O. Box NOT acceptable) | |
| <u>SAMASO tA</u> | FL 34238 | |
| City, State, ar | 10 Zip | |

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 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 (REQUIRED

(CONTINUED)
Page 1 of 2

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

The name and address of each Manager or Managing Member is as follows:

| <u>Title:</u> | Name and Address: |
|---|---|
| "MGR" = Manager | |
| "MGRM" = Managing Member | -1 1 0 1/11 - |
| MGR | Edward C. Kelly Jr |
| | 5124 Highborn Circle |
| | SACASOTA, FL 34238 |
| MCRM | N. M. Kalla |
| 116/21 | 5/24 Higherry Circle |
| | SALASTA FL 34238 |
| | |
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| | SECRETAR TALLAHASS |
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| (I I | |
| (Use attachment if necessary) | |
| LE V: Effective date, if other than t | the date of filing: (OPTIONAL) |
| | t be specific and cannot be more than five business days prior |
| days after the date of filing.) | |
| | |
| REQUIRED SIGNATURE: | |
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| m | |
| _ | nber or an authorized representative of a member. |
| (In accordance with | section 608.408(3), Florida Statutes, the execution |
| (In accordance with of this document co | |
| (In accordance with of this document co | section 608.408(3), Florida Statutes, the execution institutes an affirmation under the penalties of perjury ed herein are true.) |

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)