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Special Instructions to Fili	ng Officer:	
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Office Use Only



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SECRETARY OF STATE
TALL AHASSEF, FLORIDA

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W5-119889

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kelly Kreations LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Thomas E Kelly Shires Jr.	
(Name of Person)	
N/A	
(Firm/Company)	
289 Turkey Creek	 -
(Address)	
Alachua Florida 32615	
(City/State and Zip Code)	•
For further information concerning this matter, please call: Thomas E Kelly Shires Jr. at (813) 376-3203	Π
Thomas E Kelly Shires Jr. at 813 376-3203	To a large
(Anna Code & Dantina Tologham Mumbay)	\$ 1
Enclosed is a check for the following amount:	*
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailing Address Street/Courier Address Pagistration Section Projection Section	

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

Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Kelly Kreations LLC (Must end with the words "Limited Liability Company,"	Limited Company" or their abbreviation "LLC,	," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Li	lability Company is:
Principal Office Address:	Mailing Address:	
289 Turkey Creek	289 Turkey Creek	
Alachua Florida 32615	Alachua Florida 32615	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of Thomas E Kelly Shire	Registered Agent. You must designate an indiv the registered agent are:	
289 Turkey Creek		ZO TA
Florida stre	et address (P.O. Box NOT acceptable)	SECRETA
Alachua	FL 32615 tate, and Zip	HAGE
Having been named as registered agent an liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and comple accept the obligations of my position as	nd to accept service of process for the d in this certificate, I hereby accept to pacity. I further agree to comply with the performance of my duties, and I are registered agent as provided for in C	he appoin n ment as D h the provisions of all m familial with a nd

(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> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member			
MGR	Thomas E Kelly Shires Jr.	 .	
	289 Turkey Creek		
	Alachua Florida 32615	<u></u>	-
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	TAL	20 20 21	•
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(Use attachment if necessary)	S E E	~ + · ·	m
(Ose attachment if necessary)	* 	PH (
ARTICLE V: Effective date, if other than the d	<u> </u>		
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	specific and cannot be more than five busing	ξ§ day s p ι	rior
REQUIRED SIGNATURE:	<u> </u>	-	-
Thomas	E Kelly Ship to.		
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.)

Thomas E Kelly Shires Jr.

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)