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Office Use Only



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SECRETARY OF STATE
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COVER LETTER

Division of C				
SUBJECT:	Tool Kellog Re (Name of Limite	alty Group ed Liability Company) a	kg:"KelloggRealty //	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.		
Please return all corre	espondence concerning this matt	er to the following:		
	Drexel Toda	Kellogo (Name of Person)		
	Kellogg Red	1/4		
		(Firm/Company)		
	2413 Birds	Eye Ct.		
		(Address)		
	Fleming Isl	and, FL 3201	ZZ	
	(City	//State and Zip Code)	7 2	
	on concerning this matter, please	call:	2006 SEP SECRETA TALLAHA!	-
Todd K	(ellogo me of Person)	at (0119/218-9108	(TEX.
(Nar	me of Person)	(Area Code & Daytime		7
	for the following amount:	·	2: 15 STATE LORID:	**,
\$125,00 Filing Fo	e \$130.00 Filing Fec & Cartificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address	Street/Courier Addr	<u>ess</u>	
	Registration Section	Registration Section	iona	

Registration Section Division of Corporation 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 - Nam	ie:						
The name of the Lir	nited Liabili	ty Company is:					
Kellogg R	ealty,	LLC					
(Must end with the words	"Limited Liabilit	y Company, "Limited	d Company" or their abb	reviation "LLC," or "L	.		
ARTICLE II - Add The mailing address		ddress of the pri	ncipal office of the	e Limited Liabilit	y Comp	any is	:
Principal Office A	ddress:		Mailing Address	<u>s:</u>			
2413 Birds	Eye Ct		(same)				
Fleming ISI	4/12/17	320025					
ARTICLE III - Re (The Limited Liability Con- business entity with an ac	mpany cannot se	rve as its own Registe	Office, & Registe red Agent. You must des	red Agent's Signate an individual o	TAI ture: ramother ANA	2006 SEP 2	
The name and the Florida street address of the registered agent are:				SEE YX	25	T	
	Todd	Kellogg Name			OF SI	5 Hd	A D
					STATE	2:	
	2413	Birds Ez	je Ct.		120	CT	
		Florida street addr	ress (P.O. Box <u>NOT</u> ac	cceptable)			
	Flemir	ig Island	FL 32003	<u> </u>			
		City State at	nd Zin				

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 (REOUIRED)

(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: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** Signature of a member or an authorized representative of a member.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

that the facts stated herein are true.)

\$ 5.00 Certificate of Status (Optional)

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

D. Todd Kellogg

Typed or printed name of signee