

LO7000031422

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

[Handwritten signature]

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07 MAR 23 PM 12:22

DEPT. OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED

07 MAR 23 PM 12:27

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

EFFECTIVE DATE 3-22-07

Belinda Takach France, P.A.

Requestor's Name

1625 Summit Lake Drive, Suite 240

Address

Tallahassee, FL 32317 850-224-1040

City/State/Zip

Phone #

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. Keel Plaza, LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

Pick up time _____

Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

Certificate of Status

| NEW FILINGS | |
|-------------------------------------|-------------------|
| <input type="checkbox"/> | Profit |
| <input type="checkbox"/> | NonProfit |
| <input type="checkbox"/> | Limited Liability |
| <input type="checkbox"/> | Domestication |
| <input checked="" type="checkbox"/> | Other |

| AMENDMENTS | |
|--------------------------|--|
| <input type="checkbox"/> | Amendment |
| <input type="checkbox"/> | Resignation of R.A., Officer/ Director |
| <input type="checkbox"/> | Change of Registered Agent |
| <input type="checkbox"/> | Dissolution/Withdrawal |
| <input type="checkbox"/> | Merger |

| OTHER FILINGS | |
|--------------------------|------------------|
| <input type="checkbox"/> | Annual Report |
| <input type="checkbox"/> | Fictitious Name |
| <input type="checkbox"/> | Name Reservation |

| REGISTRATION/ QUALIFICATION | |
|-------------------------------------|---------------------|
| <input type="checkbox"/> | Foreign |
| <input type="checkbox"/> | Limited Partnership |
| <input type="checkbox"/> | Reinstatement |
| <input type="checkbox"/> | Trademark |
| <input checked="" type="checkbox"/> | Other |

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TALLAHASSEE, FLORIDA

Examiner's Initials



Belinda T. France
Attorney
Master of Laws in Taxation

March 23, 2007

Department of State
Division of Corporations
Corporate Filings
P. O. Box 6327
Tallahassee, Florida 32314

Re: Keel Plaza, LLC

Dear Sir/Madam:

Enclosed for filing are the Articles of Organization of Keel Plaza, LLC along with our check in the amount of \$160.00 for the:

| | |
|---------------------------|----------|
| Filing Fee | \$100.00 |
| Registered Agent Fee | \$ 25.00 |
| Certificate of Status Fee | \$ 5.00 |
| Certified copy of Record | \$ 30.00 |

Thank you for your assistance.

Sincerely,

A handwritten signature in cursive script that reads 'Marti Womble'.

Marti Womble
Legal Assistant to Belinda T. France, Esq.

:Enclosures as stated

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION
OF
KEEL PLAZA, LLC**

ARTICLE I - NAME

The name of the limited liability company is Keel Plaza, LLC ("company").

ARTICLE II - ADDRESS

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

Principal Office Address:

493 Bear Creek Road, Quincy, Florida 32351

Mailing Address:


493 Bear Creek Road, Quincy, Florida 32351

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Belinda T. France, Esq.
1625 Summit Lake Drive, #240
Tallahassee, Florida 32317

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.



Belinda T. France

EFFECTIVE DATE

3/8/07

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TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

MGMR

James D. Keel
493 Bear Creek Road
Quincy Florida 32351

MGR

Michael Scott Watson
493 Bear Creek Road
Quincy Florida 32351

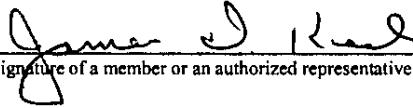
MGMR

Dianne K. Watson
493 Bear Creek Road
Quincy Florida 32351

ARTICLE V - EFFECTIVE DATE

The effective date of the company shall be March 22, 2007.

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.)

James D. Keel

Typed or printed name of signee

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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