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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
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Special Instructions to	Filing Officer:			
	 			

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EFFECTIVE DATE
4/18/07

FILED

07 APR 25 PM 12: 53

SECRETARY OF STATE
AND ANASSEF FLORIDA

COVER LETTER

TO:	Registration Se Division of Cor							
CHDIE	·cm.	Kacey Holdings	L.L.C.					
SUBJE	.cr:	(Name of Limite	Liability C	ompany)	<u></u>			
The end	closed Articles of	Organization and fee(s) are so	omitted for	filing.				
Please	return all corresp	ondence concerning this matte	to the follo	wing:				
		Michael G.	utton					
			lame of Pers	son)				
		Kacey Holding	s, L.L.C.					
			Firm/Compar	ny)	· · · · · ·			
	410 West Chapman Rd							
			(Address)		M			
		Lutz, Florida	33548					
		(City	State and Zip	p Code)		<u></u>		
For fur	her information of	concerning this matter, please	all:					
Michae	l Sutton		813	,	960-4	958		
	(Name	of Person)	at ((Are) :a Code & E	Daytime T	elephone Number)		
Enclos	ed is a check fo	r the following amount:						
		•	LI 6155 A	o pili e	/	11 01/0 00 Filling For		
J \$123	.00 Filing Fee	U \$130.00 Filing Fee & Certificate of Status	U \$155.0 Certified (additional	_		U \$160.00 Filing Fce, Certificate of Status & Certified Copy (additional copy is enclosed)		
•		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Reg Div Clif 266	ect/Courient pistration Servision of Co fton Building 11 Executive lahassee, F	ection orporation ng we Center	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is:	
Kacey Holdings, l	LLC	
(Must end with the words	"Limited Liability Company, "Limit	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Add The mailing address is:	+	rincipal office of the Limited Liability Company
Principal Office A	ddress:	Mailing Address:
Michael G. Sut	ton	410 West Chapman Rd, Lutz, Fl 33548
Donna C. Sutto	on	410 West Chapman Rd, Lutz, Fl 33548
(The Limited Liability Corbusiness entity with an ac	mpany cannot serve as its own Regisctive Florida registration.) Torida street address of the Michael G. Sutton Name 410 West Chapman Rd,	25 PM 12: 53 ARRIGAN STATE ARRIVATION STATE A

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)

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" = Man. "MGRM" = M:	ager anaging Member		
MGR		Michael G. Sutton	
		410 West Chapman Rd Lutz, Fl 33548	
MGRM		Donna C. Sutton	
		410 West Chapman Rd Lutz, Fl 33548	····
			
(Use attachmer	nt if necessary)		
(If an effective date is l	isted, the date must be	date of filing: <u>April 18, 2007</u> specific and cannot be more than five	
to or 90 days after the	date of filing.)		
REQUIRED S	SIGNATURE:		07 APR 3 SECRLIA TALLAHA
	Micho	DG. Sullow	FILED APR 25 PM 12: 5 CRLIARY OF STAT LLAHASSEE, FLORE
	Signature of a membe	r or an authorized representative of a mem	ber. FLO
	(In accordance with sec of this document consti that the facts stated h	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perterein are true.)	/// == = 1 / h
	Micha	nel G. Sutton	
	Typed or pr	rinted 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)