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•		
(Reque	estor's Name)	
(Addre	ss)	
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(Addre	33)	
(City/S	tate/Zip/Phor	ne #)
PICK-UP	WAIT	MAIL
(Busine	ess Entity Na	me)
(Docur	nent Number)
Certified Copies	Certificate	s of Status
		· · · · ·
Special Instructions to Filir	ng Officer:	

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SECRETARY OF STATE

COVER LETTER

TO: Registration : Division of Co			MI
. SUBJECT:	Ky Creati		,
•	(Name of Limited I	Liability Company)	
The enclosed Articles of	of Organization and fee(s) are sub	mitted for filing.	
Please return all corresp	pondence concerning this matter t	to the following:	
	JASMIN	FERNANDE:	2
	`	,	
	(Fin	rm/Company)	
307	Diamond?	Ridge Blud (Address)	
Aus	Diamond? umdale Fl	33823	
	(City/St	ate and Zip Code)	
For further information	concerning this matter, please ca	II :	
SASM (Name	IN FERNANDED	(863) 513 - (Area Code & Daytime Telep	1627 hone Number)
		407 574	
Enclosed is a check for	or the following amount:		•
\$125.00 Filing Fee	S130.00 Filing Fee & Certificate 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Cir Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

pany, "L.L.C.," or "LLC.")
l office of the Limited Liability Company is:
ling Address:
re, & Registered Agentő Signature: ent. You must designate an individual or another red agent are: 200 AMO F CORPORATIONS O. Box NOT acceptable) 33823
a i

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: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
<u> Mar</u>	Kayleigh Fernande: 307 Diamond Ridges Aubumdale Fl 3382			
MER	Keassy Fernandez 307 Dia mond Ridge Auburndak Fl 33823	Blud		
Marm	Jasmin Fernandez 307 Diamond Ridge Aubundde Fl 33823	Blud —		
MERM	Miller Fernander 307 Diamond Ridge Bl Aubumdale Fl 33823	<u>[v&</u> 		
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the c (If an effective date is listed, the date must be to or 90 days after the date of filing.)		PTIONAL) ness days prior		
REQUIRED SIGNATURE:				
Signature of a member	or an authorized representative of a member.			
(In accordance with sect of this document constitution that the facts stated he	ion 608.408(3), Florida Statutes, the execution utes an affirmation under the penalties of perjury rein are true.)	SECH DIVISIO		
	MIN FERNANDEZ ed or printed name of signee	N OF C		

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)