# 100011438

### Florida Department of State

Division of Corporations Public Access System

**Electronic Filing Cover Sheet** 

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H07000277185 3)))



H070002771853A8C4

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA000000023

: (850)222-1092

Fax Number

: (850)878-5926

PAGE 01/03

## FLORIDA/FOREIGN LIMITED LIABILITY CO.

### Keystone Acquisitions, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

https://efile.sunbiz.org/scripts/efilcovr.exe

11/12/2007

CI CORP

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - I	Name:
The name of the	e Limited Liability Company is:
Keystone	Acquisitions, LLC (Must end with the words "Limited Liability Company, "LLC," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:	SECR	NO.
2390 Tamiami Trail #102	2390 Tamiami Trall #102	嘉	<u>_</u> 3
Naples, FL 34103	Naples, FL 34103	H <sub>O</sub>	7
		FIST	ထု
ARTICLE III - Registered Agent, Registere The Limited Liability Company cannot zerve as its own Regi			2,7

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

Christo	pher Rapp
	Name
1253 P	ine Court
	Florida street address (P.O. Box NOT acceptable)
Naples,	FL 34102 FL
	City State and 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 (REQUIRED)

(CONTINUED) Page 1 of 2

PAGE 02/03

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Darren Keller
	7643 Timber Crest Court
	Indianapolis, IN 46256
MGRM	Christopher Rapp
	1253 Pine Court
	Naples, FL 34102
MGRM	J. Ryan Hurlbut
	80 8th Avenue #1402
	New York, NY 10011
Use attachment if necessary)	
	he date of filing: (OPI
LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.)	be specific and cannot be more than five busine
fective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:	be specific and cannot be more than five busines the specific and cannot be more than five busines the specific and cannot be more than five busines the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than five business than the specific and cannot be more than the specific and the specific and cannot be more than the specific and cannot be more than the specific and cannot be more than the specific and the specific and cannot be more than the specific and the specific

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

PAGE 03/03

Filing Fees: