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Effective Date 01/31/08

SECRETARY OF STATE

OIVISION OF CORPORATION

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COVER LETTER

Division of Cor						
_{subject:} Kein Ad	dvisors, LLC					
	(Name of Limi	ited Liabili	ty Compa	пу)		· •
The enclosed Articles of	Organization and fee(s) are	submitted	for filing	3 .		
Please return all correspo	ndence concerning this mat	tter to the	following	:		
Gustave G	. Kein					
		(Name of	Person)	·		
Kein Advis	ors, LLC					
		(Firm/Cor	npany)		•	
1800 North	Andrews Avenu	ie, Ste	. 8-D			
		(Addre	:83)			
Fort Laude	rdale, FL 33311					
	(Ci	ty/State and	Zip Code	:)		
For further information of	oncerning this matter, pleas	se call:				
Gustave G. Kei	n	_at (_9	54 .	525-93	381	
(Name o	of Person)			& Daytime	Telephone N	(umber)
Enclosed is a check for	the following amount:					
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Cert	.00 Filing ified Cop tional copy		Certif Certif	00 Filing Fee, ficate of Status & fied Copy onal copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Registration of Clifton B 2661 Exe	ourier Address on Section of Corporati uilding cutive Cente ce, FL 3230	ons er Circle	

Effective Date 01/31/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Kein Advisors, LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Fort Lauderdale, FL 33311

Principal Office Address: Mailing Address: 1800 North Andrews Avenue, Ste. 8-D 1800 North Andrews Avenue, Ste. 8-D Fort Lauderdale, FL 33311

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Dean Trantalis, Esq. 2255 Wilton Drive Florida street address (P.O. Box NOT acceptable) Wilton Manors City, State, and Zip

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

ARTICLE IV- Manager(s) or Managing Member(s):

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

MGRM	Gustave G. Kein
	1800 North Andrews Avenue, Ste. 8-D
	Fort Lauderdale, FL 33311
(Use attachment if necessary)	

REQUIRED SIGNATURE;

to or 90 days after the date of filing.)

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.)

Typed or printed 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)