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SECRETARY OF STATE
DIVISION OF CORPURATION

G. MCLEOD FEB 1 2 2008

**EXAMINER** 

# Goldstein, Port & Gross, PA

February 7, 2008

Registration Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

#### Re: KELSEY LEASING, LLC

We are sending the paperwork for 1 Florida Limited Liability Company. The Transmittal Letters and Articles of Organization are filled out and signed and I include a check for \$130.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

### **COVER LETTER**

TO:

**Registration Section** 

Division of Corporations	·
SUBJECT: KELSEY LEASING,	LLC
	ited Liability Company)
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this ma	tter to the following:
Barbara P. Schwartz	
	(Name of Person)
Goldstein, Port & Gross	<b>3</b>
	(Firm/Company)
2500 N. Military Trail # :	260
	(Address)
Boca Raton, FL 33431	
	ty/State and Zip Code)
For further information concerning this matter, pleas	ee call:
Barbara P. Schwartz	<sub>at</sub> 561 \ 953-1050
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\alpha\$ Status	Significant copy (additional copy is enclosed)  \$\sum{155.00 Filing Fee} & \sum{150.00 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 Circle Tallahassee, FL 32301

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company			
The name of the Limited Liability Company	is:		
KELSEY LEASING, LLC		<del></del>	
(Must end with the words "Limited Liz	ability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address:			
The mailing address and street address of the	principal office of the Limited Liabi	lity Company	y is:
Principal Office Address:	Mailing Address:		
same	8815 Conroy-Windemere Road # 3 Orlando, FL 32835	305	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)	ed Office, & Registered Agent's Sigistered Agent. You must designate an individual	or another 💆	32.5
The name and the Florida street address of the	e registered agent are:	O8 FEB	222
Glen Sincic		<u> </u>	A T
Nan	ne	PH	
<del></del>	demere Road # 305	M 2: 01	rs Sign
_	address (P.O. Box NOT acceptable)	<b>0</b> 1	ZÉ.
Orlando	<sub>FL</sub> 32835	3	Ľ
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	Kelauray Group Limited Partnership
MIGRINI	8815 Conroy-Windemere Road # 305
	Orlando, FL 32835
	•
<u> </u>	
<u></u>	
(Use attachment if necessary)	•
LE V: Effective date, if other the	nan the date of filing: (OPTIONA
fective date is listed, the date n	nust be specific and cannot be more than five business da
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.)

## Glen Sincic

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)