# 1080000211417

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
L. SELLERS
FEB <b>2 9 2008</b>

EXAMINER

Office Use Only



200118896052

02/27/08--01010--026 ++160.00

SECRETARY OF STATE TALLAHASSEE, FLORIDA

FILED

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Cedar Key Advisors LLC
(Name of Limited Liability Company)
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
David te Boekhorst
(Name of Person)
Cedar Key Advisors LLC
(Firm/Company)
999 Brickell Avenue, Suite 700
(Address)
Miami/FL 33131
(City/State and Zip Code)
For further information concerning this matter, please call:
David te Boekhorst at ( 305 ) 3587872
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times 130.00 Filing Fee \& Certificate of Status \$\times Certified Copy (additional copy is enclosed) \$\times Certified Copy (additional copy is enclosed)
Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:					
The name of the Limited Liability Company is:					
Cedar Key Advisors LLC					
(Must end with the words "Limited Liab	ility 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:					
Principal Office Address:	Mailing Address:				
999 Brickell Avenue, Suite 700	999 Brickell Avenue, Suite 700				
Miami/FL 33131	Miami/FL 33131		_		
United States of America	United States of America		_		
The Limited Liability Company cannot serve as its own Regional business entity with an active Florida registration.)  The name and the Florida street address of the		viduai or and	ither		
Corpag Services US	·				
Name					
999 Brickell Avenue	dress (P.O. Box <u>NOT</u> acceptable)				
	idless (F.O. Box <u>NOT</u> acceptable)				
Miami/FL 33131	FL				
City, State,	and Zip				
Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capaci statutes relating to the proper and complete p accept the obligations of my position as reg	this certificate, I hereby accept t ty. I further agree to comply wit performance of my duties, and I a	he appoin h the prov m familia	ntment as visions of or with an	`alı	
The M	Soull				
Registered Agent's Signa (CONTIN Page 1 o	NUED)	SECRETARY OF S	2008 FEB 27 PM I2	11	
1 age 10	71 <del>2</del>	5	<b>~</b> '	-	

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

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

MGR	Corporate Agents (BVI) Limited
	P.O. Box 438, Palm Grove House, Road Town
	Tortola, British Virgin Islands
(Use attachment if necessary)	
	AL AL COPTIONA
	nan the date of filing: (OPTIONA nust be specific and cannot be more than five business day
days after the date of filing.)	hast be specific and cannot be more than five business day

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.)

David te Boekhorst

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)

2008 FEB 27 PM 12: 58
SECRETARY OF STATE
ANALYSEF, FLORIDA

Page 2 of 2