L08000050125

(Requestor's Name)		
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	, #\
•	iyrGtaterZiprEffOffe	· π)
PICK-UP	MAIT	MAIL
(Bu	siness Entity Nam	ne)
(Do	cument Number)	_
Certified Copies	_ Certificates	of Status
Special Instructions to Filing Officer:		
•		

Office Use Only



000129682020

05/21/08--01001--009 **160.00

RECEIVED

00 MAY 20 PH 3: 50

OR AND CONTROL STATIONS

ON THE ANALOGY CONTROL OF CONTROL

FILED
08 HAY 20 PH 4: 1

B. KOHR MAY 2 0 2008

EXAMINER

CORPDIRECT AGE 515 EAST PARK AV TALLAHASSEE, FL 222-1173	ENUÉ	nerly CCRS)		
FILING COVER S ACCT. #FCA-14	SHEET		OR MAY 20 PH L: 15	
CONTACT:	KATIE WO	NSCH	PH F.	
DATE:	<u>05/20/08</u>			
REF. #:	<u>000150.87107</u>			
CORP. NAME:	LOWE KEY	BISCAYNE BRANCH, LLC		
() ARTICLES OF INCO	PRPORATION	() ARTICLES OF AMENDMENT	() ARTICLES OF DISSOLUTION	
() ANNUAL REPORT		() TRADEMARK/SERVICE MARK	() FICTITIOUS NAME	
() FOREIGN QUALIFIC	CATION		(XX) LIMITED LIABILITY	
() REINSTATEMENT		() MERGER	() WITHDRAWAL	
() CERTIFICATE OF C	CANCELLATION			
STATE FEES PREPAID WITH CHECK# 526134 FOR \$ 160.00				
AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:				
COST LIMIT: \$				
PLEASE RETUI	RN:			
(XX) CERTIFIED COPY (XX) CERTIFICATE OF GOOD STANDING () PLAIN STAMPED COPY				
() CERTIFICATE O	F STATUS			

Examiner's Initials

ARTICLES OF ORGANIZATION

FOR

LOWE KEY BISCAYNE BRANCH, LLC

The undersigned hereby forms a limited liability company pursuant to Chapter 608, Florida M 20 PH W.

ARTICLE I - NAME

The name of the limited liability company is Lowe Key Biscayne Branch, LLC.

Statutes.

ARTICLE II - ADDRESS

The street address of the principal office of the limited liability company is c/o Kramer & Associates, P.A., 890 South Dixie Highway, Coral Gables, Florida 33146, and the mailing address of the limited liability company is c/o Kramer & Associates, P.A., 890 South Dixie Highway, Coral Gables, Florida 33146.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager managed company.

ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENTS SIGNATURE

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

CorpDirect Agents, Inc. 515 East Park Avenue Tallahassee, FL 32301

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.

CorpDirect Agents, Inc.

(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 herein are true.)

CorpDirect Agents, Inc.

Its Agent, Katie Wonsch

Authorized Representative of a Member