

LO8000100573

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

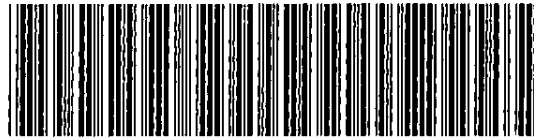
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



800137120158

10/24/08--01036--011 **130.00

FILED
2008 OCT 24 AM 11:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

C. LEWIS
OCT 27 2008
EXAMINER

KW Advisors, LLC

Taylor C. Kessel, Managing Member
Michael N. Weinberg, Member
206 E. South St. #1035
Orlando, Florida 32801

October 23, 2008

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Dear Sir or Madam:

Enclosed please find: (a) one (1) original and one (1) copy of the Articles of Organization for KW Advisors, LLC, (b) one (1) original and one (1) copy of the Operating Agreement for KW Advisors, LLC, and (c) a check made payable to the Florida Department of State in the amount of \$130.00 (check number 809, which represents the Filing Fee and a Certificate of Status). Once the Articles are filed, please return the Certificate of Status to me via U.S. mail in the enclosed self-addressed, stamped envelope. Thank you in advance for your assistance regarding this matter.

If you have any questions or concerns, please do not hesitate to contact me at the above listed address or telephone number at the bottom.

Very truly yours,



Taylor C. Kessel

Enclosures

cc: Michael Weinberg (via email)

Taylor C. Kessel
Lic. Real Estate Broker
(407) 616-2258

Michael N. Weinberg
Lic. Real Estate Sales Associate
(407) 267-8036

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KW 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:

Taylor C Kessel

(Name of Person)

(Firm/Company)

206 E. South St. #1035

(Address)

Orlando, FL 32801

(City/State and Zip Code)

For further information concerning this matter, please call:

Taylor C Kessel at (**407**) **540-7595**

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 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

FILED

2008 OCT 24 AM 11:16

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

SECRETARY
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

KW 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:

Principal Office Address:

Mailing Address:

206 E. South St. #1035

206 E. South St. #1035

Orlando, FL 32801

Orlando, FL 32801

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:

Taylor C Kessel

Name

206 E. South St. #1035

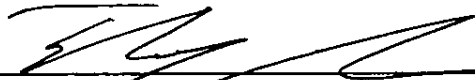
Florida street address (P.O. Box **NOT** acceptable)

Orlando, FL 32801

FL

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)

FILED

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

The name and address of each Manager or Managing Member is as follows: OCT 24 AM 11:16

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

MGRM

Taylor C Kessel

206 E. South St. #1035

Orlando, FL 32801

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



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.)

Taylor C Kessel

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)