# 0119000801

<b>%</b>
, (Requestor's Name)
(Address)
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· (Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
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(Document Number)
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G. MCLEOD

NOV 25 2008

**EXAMINER** 



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11/24/08--01031--016 \*\*160.00

DIVISION OF CORPORATION

08 NOV 24 PM 2: 59

# **COVER LETTER**

TO:	Registration Se Division of Cou				•
SUBJI	<sub>ECT:</sub> Kiley B	each Resorts, LL	С		
0010		(Name of Limit	ed Liability Compa	any)	
The en	closed Articles of	Organization and fee(s) are	submitted for filing	<b>ç</b> .	
Please	return all correspo	ondence concerning this mat	ter to the following	<b>:</b>	
	Chris Kiley				
,			(Name of Person)	<del></del>	<del>المراجة المقالية والمراجة المراجة المراجة والمراجة والمراجة والمراجة والمراجة والمراجة والمراجة والمراجة والمراجة</del>
	Kiley Beac	h Resorts, LL	C		
		······································	(Firm/Company)		
	80 Shirah	Street			
			(Address)		
	Destin, FL	32541			
		(Cit	y/State and Zip Code	:)	
For fur	ther information c	oncerning this matter, please	e call:		
Jane	et Kiley		at ( 850	837-001	1
	(Name o	of Person)	(Area Code	e & Daytime Tel	ephone Number)
Enclos	sed is a check for	the following amount:			
<b>□</b> \$125.	.00 Filing Fee [	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Certified Copy (additional copy	ру	\$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	Registration Division of Clifton Boundary 2661 Exe	on Section of Corporations uilding cutive Center Cee, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:	
Kiley Beach Resorts, LLC	4. C
(Must end with the words "Limited Liability	ty Company, "E.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
80 Shirah St.	80 Shirah St.
Destin, FL 32541	Destin, FL 32541
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)  The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Janet Kiley	Z OF TARE
Name Name	
80 Shirah St.	ress (P.O. Box NOT acceptable)
	ess (P.O. Box NOT acceptable)
Destin, FL 32541	FL
City, State, ar	na 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)

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

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

		Chris Kiley
MGRM	<del></del>	80 Shirah St.
		Destin, FL 32541
		- <del></del>
**************************************		
	******	
		**************************************
(Use attachment is	f necessary)	
TENA DECAMENDA		ate of filing: 11/20/08 (OPTION
	ed, the date must be s	pecific and cannot be more than five business da
ffective date is list		
ffective date is list		

Chris Kiley

Typed or printed name of signee

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

### 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)

that the facts stated herein are true.)