# L09000015849

(Requestor's Name)
(Address)
(Address)
(Hadioss) .
<u> </u>
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
•
(Document Number)
(2004)10.10.10.10.10.10.10.10.10.10.10.10.10.1
0.07.10.1
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
•
,

Office Use Only



300143447063

02/16/09--01025--009 \*\*130.00

EFFECTIVE DATE

O9 FEB 16 PM 1: 48

## **COVER LETTER**

TO: Registration Division of C	Section Corporations		
SUBJECT, Kelly	Squared LLC		
SUBJECT.		ted Liability Company)	<del> </del>
The enclosed Articles	of Organization and fee(s) are	submitted for filing	
		•	
Please return all corre	spondence concerning this ma	tter to the following:	
Kelly Boy	vman		
		(Name of Person)	
Kelly Sq	uared LLC		
		(Firm/Company)	•
3314 Ro	yal Ascot Run		
		(Address)	
Gotha, F	L 34734		
<del></del>	(Ci	ty/State and Zip Code)	
For further information	n concerning this matter, pleas	e call:	
Kelly Bowman	n	at (407 761-4255	5
(Nar	ne of Person)	(Area Code & Daytime Telep	phone Number)
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Ci Tallahassee, FL 32301	rcle

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability	Company is:	
Kelly Squared LLC		
(Must end with the word	s "Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
The mailing address and street add	ress of the principal office of the Limited Liabili	ty Company is:
Principal Office Address:	Mailing Address:	
3314 Royal Ascot Run	3314 Royal Ascot Run	
Gotha, FL 34734-5116	Gotha, FL 34734-5116	
	dress of the registered agent are:	
2244 David		37 -
***************************************	Ascot Run   orida street address (P.O. Box NOT acceptable)	
	• • • •	
Goina, Fi	34734-511 <u>6</u>	
	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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager .	Kelly N Taylor
	3314 Royal Ascot Run
	Gotha, FI 34734-5116
Manger	William Kelly Bowman
	3314 Royal Ascot Run
	Gotha, FL 34734-5116
<del></del>	· · · · · · · · · · · · · · · · · · ·

AR (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.)

William Kelly Bowman

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)