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DIVISION OF CORPORATIONS

T. HAMPTON

MAY 2 1 2009

EXAMINER

COVER LETTER

TO: Registration S Division of Co			•	
SUBJECT: Key R	eal Estate & Asso	ciates, LLC		
Sobole 1.		ted Liability Compa	iny)	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	<u>.</u>	
Please return all corresp	ondence concerning this mat	ter to the following	:	
Monica E.	Dowhan			
		(Name of Person)		
Key Real	Estate & Associat	es, LLC		
		(Firm/Company)		
28790 Co	leman Dr.			
		(Address)		
Grosse Ile	e, MI 48138			
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:		
Monica E. Dov	vhan	_ _{at (_} 734	308-83	94
(Name	of Person)	(Area Code		elephone Number)
Enclosed is a check for	or the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filin Certified Cop (additional copy	рy	\$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	Registrati Division Clifton B 2661 Exe	ourier Address on Section of Corporatio uilding ecutive Center see. FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Key Real Estate & Associates, LLC (Must end with the words "Limited Liabili	
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:
6305 Manasota Key Rd. Englewood, FL 34223	28790 Coleman Dr. Grosse IIe, MI 48138
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	ered Agent. You must designate an individual or another
The name and the Florida street address of the re	egistered agent are:
Monica E. Dowhan Name	
6305 Manasota Key	Rd.
	ress (P.O. Box <u>NOT</u> acceptable)
Englewood	_{FL} 34223
City, State, and	nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
fromes E.	Land 3 Kg
Registered Agent's Signatu	ire (REQUIRED)

(CONTINUED) Page 1 of 2 SECRETARY OF STATE DIVISION OF CORPORATIONS

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

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

	Englewood, FL 34223
MGRM	David J. Dowhan
	6305 Manasota Key Rd. Englewood, FL 34223
The establishment (Communication)	
Use attachment if necessary)	
LE V: Effective date, if other tha fective date is listed, the date mudays after the date of filing.)	n the date of filing: (OPTION. ust be specific and cannot be more than five business da

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.)

Monica E. Dowhan

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)