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06/08/09--01012--002 **78.75

700156386567 06/17/09--01002--005 **46.25

FILED

09 JUN 17 AM 6: 17

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

D. BRUCE

JUN 18 2009

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations		
SUBJE	:cт: <u> </u>	Name of Limited Liability Company	
The end	closed Articles of	f Organization and fee(s) are submitted for filing.	
Please 1	return all correspo	ondence concerning this matter to the following:	
		MIKE MEEHAJ	_
		Name of Person	
_	K	Killymaro L.L.C.	
		Firm/Company	
	Į.	507 80H St. W. M.	_
-	127	City/State and Zip Code	ر آ 90
_	m	City/State and Zip Code City/State and Zip Code City/State and Zip Code City/State and Zip Code E-mail address: (to be used for future annual report notification)	
		E-mail address: (to be used for future annual report notification)	17
For furt	ther information o	concerning this matter, please call:	n €
W	ike Ma	E-mail address: (to be used for future annual report notification) Concerning this matter, please call: THAN at (941) 795-2387 97 Area Code & Daytime Telephone Number 97 or the following amount: \$\Begin{array}{c} \text{\$130.00 Filing Fee} & \text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$}\$\$ \$\text{\$\$\$}\$\$ \$\text{\$\$}\$\$ \$\text{\$\$}	6:17
Enclos	ed is a check for	or the following amount:	
≰ \$125.0	00 Filing Fee [S130.00 Filing Fee & S155.00 Filing Fee & S160.00 Filing Fee, Certificate of Status Certified Copy Certificate of Status & Certified Copy (additional copy is enclosed)	~
		Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center Circle Tallahassee, FL 32301	



FLORIDA DEPARTMENT OF STATE Division of Corporations

June 9, 2009

R. MICHAEL MEE HAN 1507 80TH ST NW BRADENTON, FL 34209

SUBJECT: KILLYMARD, L.L.C. Ref. Number: W09000026928

SECRETARY OF STATE TALLAHASSEE, FLORIDA

We have received your document for KILLYMARD, L.L.C. and your check(s) totaling \$78.75. However, the enclosed document has not been filed and is being returned for the following correction(s):

You have submitted the document and fees to form a Florida corporation; however, your name implies you wish to form a limited liability company. The name of a corporation cannot contain a limited liability company suffix. Limited Liability Company, Ltd. Liability Co., and L.L.C. are all limited liability company suffixes. The name of a corporation must contain Corporation, Corp., Incorporated, Inc., Company or Co.

Please correct the suffix or, if you wish to form a limited liability company, submit "Articles of Organization" along with the additional fee(s). Any fees previously submitted with your corporate filing will be applied to your limited liability company filing.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6931.

Becky McKnight Regulatory Specialist II New Filing Section

Letter Number: 209A00019266

ao IIW IS PH I: 17

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	:
KILLYMARD, L.L. C. (Must end with the words "Limited Liab	
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1507 80th St. N.W Bradonton, FC 34209	Brodenton, FL 34209
ARTICLE III - Registered Agent, Registere (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.)	stered Agent. You must designate an individual or another
The name and the Florida street address of the R. Michael Name	MEEHAN ASSE
Florida street address (P.C. Bradenton) City, State, 8	T. W. W. O. Box NOT acceptable) FL 34209
City, State,	anu 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)

EFFECTIVE DATE 12/09

ARTICLE I - Name:

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	R. MICHAEL MEEHAN 1507 ROHST. N.W. Badenton, FL 34209
(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:

R. M. Day Machon

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.)

R. WICHAEL MEEHAN

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)

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SECRETARY OF STATE
TALLAHASSEF, F, STATE