## L090000099527

(Requestor's Name)				
(Address)				
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(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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SECRETARY OF STATE

T. HAMPTON
OCT 1 5 2009

EXAMINER

## **COVER LETTER**

	tion Section of Corporations	
SUBJECT:	Keys	3 2 The Deed, LLC
		ted Liability Company
The enclosed Artic	cles of Organization and fee(s) are	submitted for filing.
Please return all c	orrespondence concerning this mat	ter to the following:
******	Ki	ki Koymarianos
		Name of Person
		Firm/Company
	171	4 Arabian Lane
		Address
		Harbor, FL 34685 ty/State and Zip Code
		408@YMAIL.COM
	E-mail address: (to be used	for future annual report notification)
For further inform	ation concerning this matter, pleas	e cali:
	ki Koymarianos	at ( 727 ) 244-2680  Area Code & Daytime Telephone Number
	Name of Person	Area Code & Daytime Telephone Number
Enclosed is a ch	eck for the following amount:	
\$125.00 Filing	Fee \$\sumset\$\\$130.00 \text{ Filing Fee & Certificate of Status}	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  S160.00 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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liabilit	y Company is:
Ke	ys 2 The Deed, LLC
(Must end with the wo	ords "Limited Liability Company," "L.L.C.," or "LLC.")
ARTICLE II - Address:	ddress of the principal office of the Limited Liability Company is:
The maning address and street ad	idress of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	1714 Arabian Lane
	Palm Harbor, Ft. 34685
business entity with an active Florida regis	Address of the registered agent are:  Kiki Koymarianos  Name
Placida es	1714 Arabian Lane reet address (P.O. Box NOT acceptable)
	• • •
raim	Harbor FL City, State, and Zip
liability company at the place registered agent and agree to act statutes relating to the proper a	d agent and to accept service of process for the above stated limited designated in this certificate, I hereby accept the appointment as in this capacity. I further agree to comply with the provisions of all and complete performance of my duties, and I am familiar with and position as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

## Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Memb	Name and Address:
MGRM	Kiki Koymarianos
	1714 Arabian Lane
	Palm Harbor, Fl. 34685
MGRM	Rosemary Homeister
	716 King James Court
	Bear, DE 19701
(Use attachment if necessary)	
LE V: Effective date, if other	than the date of filing: (OPTIONA
fective date is listed, the date days after the date of filing.	e must be specific and cannot be more than five business day
, , , , , , , , , , , , , , , , , , ,	
/	; / ( )
<u>REQUIRED</u> SIGNATURE	,
1 R	a member or an authorized representative of a member.

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)

SECRETARY OF STATE

Typed or printed name of signee