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SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 PM 2:19

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEEN AIR CONDITIONING, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

D. BRAD HUGHES, ESQ.

Name of Person

D. BRAD HUGHES, P.A.

Firm/Company

1637 RACE TRACK ROAD, SUITE 203

Address

ST. JOHNS, FLORIDA 32259

City/State and Zip Code

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

D. BRAD HUGHES, ESQ.

Name of Person

at (

904

436-6054

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & 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 Circle
Tallahassee, FL 32301

**ARTICLES OF ORGANIZATION
OF
KEEN AIR CONDITIONING, LLC**

These Articles of Organization are submitted for the purpose of forming a limited liability company pursuant to the Florida Limited Liability Company Act, Chapter 608, *Florida Statutes*, as the same may from time to time be amended (the "Act").

**ARTICLE I
NAME**

The name of the limited liability company (the "Company") is: Keen Air Conditioning, LLC.

**ARTICLE II
ADDRESSES**

The initial mailing address of the Company is 3995 Melissa's Lane, Middleburg, Florida 32086.

**ARTICLE III
REGISTERED AGENT**

The name and street address of the initial registered agent of the Company is Christopher Wayne Wilcox, 3995 Melissa's Lane, Middleburg, Florida 32086.

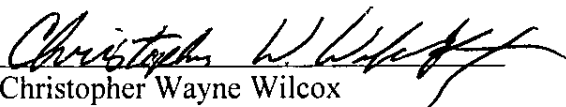
**ARTICLE IV
MANAGEMENT**

The Company is to be managed by the members and is therefore, a member managed company.

**ARTICLE V
LIMITED LIABILITY**

Except as otherwise expressly provided by the Act, no member, manager, officer, agent or employee of the Company shall be personally liable for the debts, obligations or liabilities of the Company, whether arising in contract, tort or otherwise, or for the acts or omissions of any other member, manager, officer, agent or employee of the Company.

IN WITNESS WHEREOF, the undersigned, being an authorized representative of a Member of the Company, has executed these Articles of Organization this 24 day of November, 2009. 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.


By: 
Christopher Wayne Wilcox
Authorized Representative

FILED
SECRETARY OF STATE
DIVISION OF CORPORATION
09 DEC 14 PM 2:09

ACCEPTANCE OF REGISTERED AGENT

I, Christopher Wayne Wilcox, having been named to accept the service of process for KEEN AIR CONDITIONING, LLC certify that I am a permanent resident of Clay County, Florida, and do hereby accept to act in this capacity, and agree to comply with the laws of the State of Florida relative to keeping open said office.

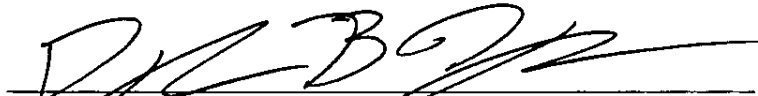
DATED this 24 day of November, 2009 in St. Johns County, Florida.


Christopher Wayne Wilcox

STATE OF FLORIDA)
COUNTY OF ST. JOHNS)

I HEREBY CERTIFY that on this day before me, a Notary Public duly authorized in the State and County named above to take acknowledgments, personally appeared Christopher Wayne Wilcox, who provided a valid Florida Driver's License as proof of identity, as the authorized agent and resident agent who executed the foregoing Articles of Organization and Acceptance of Registered Agent and acknowledged before me that he executed same.

IN WITNESS WHEREOF, I have hereunder set my hand and affixed my official seal at St Johns County, Florida, this 24 day of November, 2009.


Notary Public, State of Florida
Printed Name:
My Commission expires:

