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EFFECTIVE DATE 5/7/2010

NVISION OF CORPORATIONS

10 MAY 10 PM 1: 00

B. KOHR

MAY 1 2 2010

**EXAMINER** 

# **COVER LETTER**

TO:

**Registration Section** 

· Division of C	orporations			
SUBJECT: STUDIC	DE OF KW, LLC			
		ted Liability Company	EFFECTIVE DATE_	5/7/
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.		///
Please return all corresp	pondence concerning this made	tter to the following:		
DAVID PAUL	. HORAN			
		Name of Person	-	
HORAN, WA	LLACE & HIGGINS, LLP			10 Y
-		Firm/Company		7 0
608 WHITEH	EAD STREET			10
	1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 - 1 -	Address		I
KEY WEST, I	FLORIDA 33040			10 MAY 10 PM 1:00
	Cir	ty/State and Zip Code		
dph@horan-v				
	E-mail address: (to be used	for future annual report notificat	on)	_
For further information	concerning this matter, pleas	e call:		
DAVID PAUL HOR	AN	_at ( 305)294-45	585	
Name	of Person	Area Code & Daytime	Telephone Number	
Enclosed is a check for	or the following amount:			
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed	S160.00 Filing For Certificate of State Certified Copy (additional copy is en	tus &

### 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 FE	ORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name: The name of the Limited Liability Company is:	ity Company, "L.L.C.," or "LLC.")
STUDIO E OF KW, LLC	
(Must end with the words "Limited Liabil	ity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pr  Principal Office Address:	incipal office of the Limited Liability Company is
Trincipal Office Address:	Mailing Address:
1111 Johnson Street	1111 Johnson Street
Key West, Florida 33040	Key West, Florida 33040
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the r	ered Agent. You must designate an individual or another
David Paul Horan	

Name

608 Whitehead Street

Florida street address (P.O. Box NOT acceptable)

Key West, FL 33040 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

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

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

Title:	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGMR	RICHARD C. EKHOFF	
	1111 Johnson Street	
	Key West, Florida 33040	
MGMR	CYNTHIA BLOOM	
,	1111 Johnson Street	
	Key West, Florida 33040	
(I se attachment if negaciony)		

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 7, 2010. (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:

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.)

RICHARD C. EKHOFF

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)