

L10000055465-

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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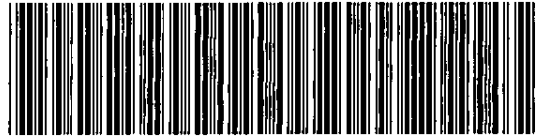
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

D. BRUCE

MAY 25 2010

EXAMINER

## COVER LETTER

TO: **Registration Section  
Division of Corporations**

SUBJECT: Keywy, L.L.C.  
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:

Sheri Nott  
Name of Person

Sheri Nott, PA.  
Firm/Company

6751 N. Federal Highway, Suite 200  
Address

Boca Raton, FL 33487  
City/State and Zip Code

~~jeff@generads.com~~ penjeft@gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Sheri Nott at (561) 314-4860  
Name of Person 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

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**ARTICLES OF ORGANIZATION**

**For  
KeywY, L.L.C.**

**ARTICLE I – Name**

The name of the Limited Liability Company is: KeywY, L.L.C.

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

6751 N. Federal Highway  
Suite 200  
Boca Raton, FL 33487

Mailing Address:

6751 N. Federal Highway  
Suite 200  
Boca Raton, FL 33487

**ARTICLE III – Registered Agent, Registered Office and Registered Agent's Signature**

The name and the Florida street address of the registered agent are:

Sheri E. Nott  
6751 N. Federal Highway  
Suite 200  
Boca Raton, FL 33487

*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

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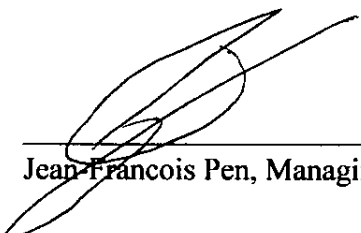
ARTICLE IV – Managing Members

**Title:**

Managing Member  
“MGRM”

**Name and Address:**

Jean-Francois Pen  
20 rue Forestier  
33000 Bordeaux – France

  
\_\_\_\_\_  
Jean-Francois Pen, Managing 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.)*

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