## 100000M35

(Requestor's Name)
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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:

L. SELLERS

JUN - 8 2010

**EXAMINER** 

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SECRETARY OF STATE
ALLAHASSEC, FLORIDA

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: R. Kelly Const. "LLC."  Name of Limited Liability Company
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:
Richard M. KELLY
Rim/Company
1 Intercompany
$\frac{2110}{\text{Address}} = \frac{5}{2110} = \frac{5}{171} = \frac{5}{$
. Address
Silver Springs FL. 34488  City/State and Zip Code  Melanie 081879@ YAhoo. Com  E-mail address: (to be used for future annual report notification)
City/State and Zip Code
Mejanje 08/8/9@ YAhoo. Com
For further information concerning this matter, please call:
Richard Kelly at 352 454-4740  Name of Person Area Code & Daytime Telephone Number
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 & Certificate of Status  □\$155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)  □\$160.00 Filing Fee, 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 CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
2110 SE. 171 st c+	2110 SE 171 St CT
The name and the Florida street address of the	M. Kelly
Richard	M. Kelly
2112	171 45
2110 SE	dress (P.O. Boy NOT acceptable)
Florida street ad Silver Spring	Idress (P.O. Box NOT acceptable)  SEL 3448  tate, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED
FINAL PH 1: 05
SECRETARY OF STATE

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: "MGR" = Manager "MGRM" = Managing Member "MGRM" = Managing Member "MGRM" = Managing Member "MGRM" = Managing Member

(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:** 

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.)

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)