L11000025969

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(Address)

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(City/State/Zip/Phone #)

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T. HAMPTON
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EXAMINER

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# COVER LETTER

**TO:** **Registration Section**
**Division of Corporations**

**SUBJECT:** Keystone Reporting, 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:

Pamela Ann Scott
Name of Person

Firm/Company

18108 W. Apshawa Rd.
Address

Clermont, FL 34715
City/State and Zip Code

PScott75@aol.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Attorney Sharon K. S. Miner at (810) 629-2222
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

FLORIDA DEPARTMENT OF STATE
Division of Corporations

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11 MAR -1 PM 4:00

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

February 15, 2011

PAMELA ANN SCOTT
18108 W APSHAWA RD
CLERMONT, FL 34715

SUBJECT: KEYSTONE REPORTING LLC
Ref. Number: W11000009106

We have received your document for KEYSTONE REPORTING LLC. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $125.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II

Letter Number: 011A00003933

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**
The name of the Limited Liability Company is:

Keystone Reporting LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

**ARTICLE II - Address:**
The mailing address and street address of the principal office of the Limited Liability Company is:

| **Principal Office Address:** | **Mailing Address:** |
|---|---|
| 18108 W. Apshawa Rd. | 18108 W. Apshawa Rd. |
| Clermont, FL 34715 | Clermont, FL 34715 |

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Pamela A. Scott
Name

18108 W. Apshawa Rd.
Florida street address (P.O. Box **NOT** acceptable)

Clermont FL 34715
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..*

Pamela A. Scott
Registered Agent's Signature (REQUIRED)

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**(CONTINUED)**

**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 | **Name and Address:** |
|---|---|
| MGRM | Pamela A. Scott<br>18108 W. Apshawa Rd.<br>Clermont, FL 34715 |
| MGMR | Sharon K. S. Miner<br>P.O. Box 126<br>Fenton, MI 48430 |
| MGMR | Thomas R. Scott<br>8201 Forrest Hills Rd.<br>Melrose, FL 32666 |
| | |

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Sharon K. S. Miner
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)**

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