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2011 MAY - 5 AM LO 65
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

T. CLINE

MAY - 9 2011

EXAMINER

COVER LETTER

SUBJECT: REID'S SALES & SERVICE Name of Limited Liability Company	
Name of Emilied Elability Company	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
REID Mc FANYEN Name of Person	
REID'S SALES & SERVICE Firm/Company	
129 N. TROPICAL TRAIL Address	
MERRITT ISLAND, FL. 32953 City/State and Zip Code Reids engines a Att. Net Email address: (to be used for future annual report notification)	
Reids engines a Att. Net Email address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
REIO Mc FADVEN at (321) 459-15002 Area Code & Daytime Telephone Number	-5
FLCST #	
	 (2) (3)
\$125.00 Filing Fee \$130.00 Filing Fee & \$155.00 Filing Fee & \$160.00 Filing Fee Certificate of Status Certified Copy Certificate of Status (additional copy is enclosed) Certified Copy	e,
(additional copy is enclosed) Certified Copy (additional copy is encl	:losed)
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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEINS SALES 45	SERVICE 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	he principal office of the Limited	Liability Company is:
Principal Office Address:	Mailing Address:	
129 N. TROPICALTRAI	IL 129 N. TROPIC MERRITT IX	AL TRAIL
MERRITT ISLAND, FL. 32953	FL. 32953	: <u>[4]© () </u>
	Registered Agent. You must designate an ind the registered agent are: FAUYEN Name	

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "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. I am aware that any false information submitted in a document to the Department of Figure constitutes a third degree felony as provided for in s.817.155, F.S.) Typed or printed name of signee

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

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)