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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
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DIVISION OF CORPORATION

N. Cuttigan MAY 1 8 2011

## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KEY WEST JANE LLC	
(Name of Resulting	g Florida Limited Company)
The enclosed Certificate of Conversion, Articles of "Other Business Entity" into a "Florida Limited I	of Organization, and fees are submitted to convert an Liability Company" in accordance with s. 608.439, F.S.
Please return all correspondence concerning this i	matter to:
JANE ROHRSCHNEIDER	
(Contact Person)	
KEY WEST JANE LLC	
(Firm/Company)	
1306 ANGELA STREET	
(Address)	
KEY WEST, FL 33040	
(City, State and Zip Code)	
KEYWESTJANE@KEYWESTJANE.COM  E-mail address: (to be used for future annual report notifica	tions)
·	
For further information concerning this matter, pl	ease call:
u: (	305 294-8166
(Name of Contact Person)	(Area Code and Daytime Telephone Number)
Enclosed is a check for the following amount:	
	00 Filing Fees Certified Copy  \$185.00 Filing Fees, Certified Copy, and Certificate of Status
STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
KEY WEST JANE LLC  (Must end with the words "Limited Liability Company, the abbreviation "L.L.C	.," or the designation "LLC.")

ARTICLE II - Address:

Principal Office Address:	Mailing Address:	
1306 ANGELA STREET	1306 ANGELA STREET	
KEY WEST, FL 33040	KEY WEST, FL 33040	

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

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:

JANE ROHRSCHNEIDER
Name

1306 ANGELA 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..

egistered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

## The name and address of each Manager or Managing Member is as follows: Title: Name and Address: $\overline{MG}R'' = Manager$ "MGRM" = Managing Member MGRM JANE ROHRSCHNEIDER 1306 ANGELA STREET KEY WEST, FL 33040 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) (The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date-listed in the attached Certificate of Conversion, if an effective date listed therein.) **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 un the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.) JANE ROHRSCHNEIDER

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

Typed or printed name of signee