(Re	equestor's Name)	
(Ad	ldress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to I	Filing Officer:	

Office Use Only

G. MCLEOD

JUN - 9 2011

EXAMINER



200208426522

06/08/11--01009--022 **125.00



COVER LETTER

Division of Corp				
SUBJECT: PureK	V LLC			
3000001.	Name of Limite	d Liability Company	W-1	
The enclosed Articles of (Organization and fee(s) are s	submitted for filing.		
Please return all correspon	ndence concerning this matte	er to the following:		
Wendy Zir	ntsmaster			
		Name of Person		
PureKW L	LC			
		Firm/Company		
1520 White	e St.			
 		Address		
Key West, F	L 33040			
	City	/State and Zip Code		
Wendy@trun	nanandcompany.co	m		
<u> </u>	E-mail address: (to be used for	or future annual report no	tification)	
For further information co	ncerning this matter, please	call:		
Wendy Zintsmast	er	at (305 9	23-5935	
Name of	Person	Area Code & E	aytime Telephone Num	ber
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing F Certified Copy (additional copy is e	Certific nclosed) Certifie	Filing Fee, ate of Status & d Copy al copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courie Registration S Division of C Clifton Build 2661 Executi Tallahassee,	ection orporations ing ve Center Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
PureKW LLC	
(Must end with the words "Limited Liability	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
Wendy Zintsmaster	Same
1520 White St.	
Key West, FL 33040	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration.	ered Agent. You must designate an individual or another
Wendy Zintsmaster	\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
Name	
1520 White St.	
Florida street addi	ress (P.O. Box NOT acceptable)
Key West	FI 33040
City, Stat	te, and Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as register.	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as a limited for the appointment as a limited his certificate, I hereby accept the appointment as a limited agent as provided, and I am familiar with and tered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

The name and address of each Manager or Managing Member is as follows:

MGRM	Wendy Zintsmaster 1520 White St. Key West, FL 33040
MBR	
MIDIZ	James Brue Moody 1520 White St.
	Key West, FL 33040
Use attachment if necessary)	
	n the date of filing: 06/01/2011 . (OPTION/

- Mund Manhan

Signature of a member or an authorized representative of a member.

(In accordance with section 08.408(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.)

Wendy Zintsmaster

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)