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DEPACTMENT OF STATE DIVISION OF CORPORATION

HAME A PAR 2: 23

EXAMINER

JUL 1 2011

COVER LETTER

TO:	Registration Division of	n Section Corporations		•		
SUBJE	ст: <u>Ке</u>	el enterprise LLC	ed Liability Company			
		Name of Limite	ed Liability Company			
The end	closed Articles	s of Organization and fee(s) are s	submitted for filing.			
Please	return all corre	espondence concerning this matte	er to the following:			
-	Dav	glas William Keel	Name of Person			
) -	Name of Person			
•	Firm/Company					
	9910	wadesboro Rd.				
•		The Cook of No.	Address			
	Tallanausee Fl 32317					
•	TO HO.		y/State and Zip Code			
_		NA	or future annual report notification)			
			·			
For furt	her information	on concerning this matter, please	call:			
			at (850) 274-89	197		
	Nar	ne of Person	at (<u>850</u>) <u>274-8</u> ° Area Code & Daytime Telep	phone Number		
Enclos	ed 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 C Tallahassee, FL 32301			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	
The name of the Limited Liability Compa	any is:
.	
(Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LLC.")
	1. 2.2.0. j
ARTICLE II - Address: The mailing address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	9910 woderboro Rd Tallohassee F1
	32317
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature: n Registered Agent. You must designate an individual or another
The name and the Florida street address o	f the registered agent are:
Dougles v.	llian KEEL
	Rd. Tallohasco Fla.
1710 Wadeshoo Florida st	Rd. Tallohasco Fla. reet address (P.O. Box NOT acceptable)
	FL 3a3(7
	City, State, and Zip
liability company at the place designat registered agent and agree to act in this co statutes relating to the proper and comp	and to accept service of process for the above stated limited ed in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
Registered Agent's	Signature (REQUIRED)
(COI	NTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
mgRm	Douglasiu. Keel 90110 Wadesboro Rd. Tollahassee Fl. 32317
	date of filing: (OPTIONAL) specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a member	or an authorized representative of a member.
constitutes an affirmation under I am aware that any false inform	408(3), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. ation submitted in a document to the Department of State as provided for in s.817.155, F.S.)
Douglas v:	llian Keel ed 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)