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SECRETARY OF STATE
ALLAHASSEF FI OBIG

T. HAMPTON

NOV = \$ 2011

**EXAMINER** 

## **COVER LETTER**

Division of Corporations	
SUBJECT: KELAL, LLC	
	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mate	ter to the following:
Alan J. Florian	
	Name of Person
	Firm/Company
5963 Giardino Lane	Address
´ O	
Sarasota, FL 34232	ty/State and Zip Code
gulfbreezeins@comcast.net	for future annual report notification)
For further information concerning this matter, please	
·	
Alan J. Florian Name of Person	at (941 554-8067  Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	Telson Filia Fac & Melson On Filian Fac
\$125.00 Filing Fee \$\(\bigs\) \$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & ✓ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed)  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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability Company is:  KELAL, LLC			
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
3900 Clark Road , Jrit M Sarasota, FL 34233	3900 Clark Road Unit M Sarasota, FL 34233		
	the state of the s		
The name and the Florida street address of the Henry K. Blyden			
3113 37th Terr	ace Fast		
	t address (P.O. Box NOT acceptable)		
Bradenton	FL 34208		
	y, State, and Zip		
liability company at the place designated registered agent and agree to act in this cape statutes relating to the proper and complete accept the obligations of my position as the statute of the control	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of all the performance of my duties, and I am familiar with and registered agent as provided for in Chapter 608, F.S		

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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Member	er e
MGR	Alan J. Florian
	5963 Giardino Ln.
	Sarasota, FL 34232
MGRM	Henry K. Blyden
	3113 37th Terrace East
	Bradenton, FL 34208
(Use attachment if necessary)	
T.E.V: Effective date if other the	han the date of filing: (OPTIONAL)
effective date is listed, the date	must be specific and cannot be more than five business days p
0 days after the date of filing.)	•
•	
REQUIRED SIGNATURE:	100
	lan V-Vin
Signature of a	member or an authorized representative of a member.
(In accordance with sec	etion 608.408(3), Florida Statutes, the execution of this document
(III docordance With 3cc	MANUAL OCCUPTOR OF THE PROPERTY OF A PROPERTY OF THE ADMINISTRA

(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.)

Alan J. Florian

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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA