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A. LUNT

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EXAMINER

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COVER LETTER

TO: Registration Section Division of Corporations		
SUBJECT: Race The Keys LL		
	ited Liability Company	
The enclosed Articles of Organization and fee(s) are	submitted for filing.	
Please return all correspondence concerning this ma	tter to the following:	
Michael Regan		
	Name of Person	
Race The Keys LLC	The second of th	ومروده بدائن المنافزة المنطق المناور والمائلة المدرودين بالمناور وحلواته
	Firm/Company	201
545 Ramblewood Drive	世代	1011 NOV 28
	Address OF	28
Coral Springs, FL 33071		
	ity/State and Zip Code	रं 🖰
mregan60@gmail.com	- Table	<u> </u>
E-mail address: (to be used	for future annual report notification)	
For further information concerning this matter, pleas	se call:	
Michael Regan	at (954) 829-2969	
Name of Person	Area Code & Daytime Telephone Number	
Enclosed is a check for the following amount:		
		•
\$125.00 Filing Fee \$\bigcup \frac{1}{3}\$130.00 Filing Fee \$\&\text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing F Certified Copy (additional copy is enclosed) Certified Copy (additional copy is e	tus &
	(additional copy to	
Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	
Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(intest cire with the words shiftee	ed Liability Company, "L.L.C.," or "LLC.")
	d maonity Company, E.D.C., or DDC.
ARTICLE II - Address:	the mineral office of the Limited Liebility Company is
The maining address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
545 Ramblewood Drive	545 Ramblewood Drive
Coral Springs, FL 33071	Coral Springs, FL 33071
	stered Office, & Registered Agent's Signature: in Registered Agent. You must designate an individual or another
	n Registered Agent. You must designate an individual or another
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o Michael Regan	f the registered agent are:
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o Michael Regan 1531 SE 15th	rn Registered Agent. You must designate an individual or another of the registered agent are: Name Street, # 7
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o Michael Regan 1531 SE 15th	reet address (P.O. Box NOT acceptable)

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

(CONTINUED)

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:

MGRM	Anita Allen	_
	545 Ramblewood Drive	_
	Coral Springs, FL 33071	_
MGRM	Michael Regan	
	1531 SE 15th Street, #7	_
	Fort Lauderdale, FL 33316	- 4
	A Section 1	82 AGN 1197
		- *
	S. C.	_ _
		3
 		-Ç <u>ı</u>
		6 0
(Use attachment if necessa	rv)	
•	• *	~
LE V: Effective date, if oth	er than the date of filing: 1/1/2012 . (OPTIO	OŅA
	ate must be specific and cannot be more than five business	i day
days after the date of filin	g.)	
REQUIRED SIGNATUR	F: O	
KEOUIKED BIGINATUR	E. //	

(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.)

Michael Regan

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)