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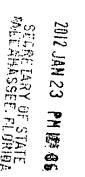
(F ৈestor's Name)	
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PICK-UP WAIT	ı' MAIL
(Business Entity Name)	
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Certified Copies Certificates of Status	
Special Instructions to Filing Officer:	
Special Instructions to Filing Officer:	

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T. CLINE

JAN, **2 4** 2012

**EXAMINER** 

# **COVER LETTER**

Division of Corporation	ons						
<sub>SUBJECT:</sub> Florida Ke	ys Seminars, I	LLC					
	Name of Limited	Liability Cor	npany				
The enclosed Articles of Organi	zation and fee(s) are sub	omitted for fi	ling.				
Please return all correspondence	concerning this matter	to the follow	ing:				
Patricia B Mu							
	Na	ame of Person		•			
Florida Keys S	Seminars, LLC	;					
	Fi	rm/Company					
91760 Overse	as Hwy						
		Address					
Key Largo, FL 3	3070						
	City/S	tate and Zip C	ode		<del>~-</del> 1		
pmull@mullfinand	ial.com				かい (記述)	201	
E-ma	il address: (to be used for t	future annual r	eport notification	)	250 L.g.	JA	<b>₩</b> *(,`\
For further information concerns	ng this matter, please ca	ill:			ASSE ASSE	JAN 23	12 Family
Patricia B Mull	а	<sub>t (</sub> 305	, 852-802	5		Z	Fi
Name of Person			ode & Daytime To	elephone Number	01:10 71.V1.9	THE SE	
Enclosed is a check for the fo	llowing amount:					.g.y.	
\$125.00 Filing Fee  \$130. Cert	00 Filing Fee & [ificate of Status	\$155.00 Fi Certified ( (additional c		\$160.00 F Certificate Certified (additional of	e of Stat Copy	us &	
Regis Divis P.O. I	ng Address tration Section ion of Corporations 30x 6327 nassee, FL 32314	Regist Division Cliftor	Courier Address ration Section on of Corporation Building Executive Center	ons			

Tallahassee, FL 32301

## 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	Name and Address:	
"MGRM" = Managing Member		
MGRM	Patricia B Mul	
	91760 Overseas Hwy	
	Tavernier, FL 33070	
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(Use attachment if necessary)		
	**	
	date of filing: (OPTION	
	e specific and cannot be more than five business da	ays
days after the date of filing.)		
Λ		
REQUIRED SIGNATURE:		
THE OTHER STORY	_	

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 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.)

### Patricia B Mull

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)