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SECNETARY OF STATE
TALL ANASSEE F.

COVER LETTER

TO: Registration Section Division of Corporations				
SUBJECT: Kezlyn Marketing	Group, LLC			
Name of Limited Liability Company				
The enclosed Articles of Organization and fee(s)	are submitted for filing.			
Please return all correspondence concerning this	matter to the following:			
Kenneth Estrada				
	Name of Person			
Kezlyn Marketing Gro	oup, LLC			
	Firm/Company			
328 Snook Way				
	Address			
Kissimmee, FL 34759				
	City/State and Zip Code			
kezlynent@gmail.com				
E-mail address: (to be u	sed for future annual report notification)			
For further information concerning this matter, p	lease call:			
Lynette Estrada	at (407) 931-6955			
Name of Person	at (407 931-6955 Area Code & Daytime Telephone Number			
Enclosed is a check for the following amoun \$125.00 Filing Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee,			
Mailing Address Registration Section Division of Corporation P.O. Box 6327 Tallahassee, FL 32314	Clifton Building			

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

Kezlyn Marketing Group, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:		
Lynette Estrada	Lynette Estrada		
328 Snook Way	328 Snook Way		
Kissimmee, FL 34759	Kissimme, FL 34759		
(The Limited Liability Company cannot serve as its business entity with an active Florida registration.) The name and the Florida street address Kenneth Estrace 328 Snook	Name		FILED

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED

(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:

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGR	Lynette Estrada
	328 Snook Way
	Kissimmee, FL 34759
(Use attachment if necessary)	
	e date of filing: January 31, 2012 (OPTIONAL)
(If an effective date is listed, the date must be to or 90 days after the date of filing.)	pe specific and cannot be more than five business days prio
REQUIRED SIGNATURE:	
/_	ALCAHASSEE ANY OF STATE OF A MAN OF THE PROPERTY OF THE PROPER
Signature of a memb	per or an authorized representative of a member.
constitutes an affirmation unde I am aware that any false infor	8.408(3), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein matter that the facts stated herein matter than a document to the Department state or the penalties of perjury as provided for in s.817.155, F.S.)
Kenneth Estr	

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)

Typed or printed name of signee