Division of Corporations Electronic Filing Cover Sheet

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To:

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From:

Account Name

: M. BURR KEIM COMPANY

Account Number : I19990000242

Phone

: (215)563-8113

Fax Number

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please .. **

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FLORIDA LIMITED LIABILITY CO. KESSOCK INVESTMENT SERVICES, LLC

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FEB - 8 2011

EXAMINER

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Corporate Filing Menu

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ARTICLE I - Name: The name of the Limited Liability Company is:			1150		
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	KESSOCK INVE		<u> </u>	July.	一里
(M	iust end with the words "Lin	mited Liability Co	ompany, "L.L.C.," or "LLC.")	•	
ARTICLE II - Ad	ddress:				
		of the princip	pal office of the Limited	Liability Co	mpany
rincipal Office	Address:	<u>M</u>	ailing Address:		
651 Gulf Sho				v.	
002 Vistas	te Bivd. N.		<u>551 Gulf Shore Blv</u> 2 Vistas	а. и.	-
Vaples, FL 341	103		ples, FL 34103		_
	Joh	ın Kessock	Jr.		
		Name			
	4651 Gulf Sh	ore Blvd.	N., 802 Vistas		
			N., 802 Vistas P.O. Box NOT acceptable)		
	Florida				
	Florida N	aples FL ty, State, and Zi	P.O. Box <u>NOT</u> acceptable) 34103		

(CONTINUED) Page 1 of 2 (((H12000033385 3)))

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

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

MGRM	John Kessock Jr	
	4651 Gulf Shore Blvd.	N. 802 Vista
	Naples, FL 34103	11/419
		<u>्र</u>
		通初 4
		
(Use attachment if necessary)		
THE TREE IS A SECOND OF THE STREET	e date of filing:	CODETONIA

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this ofcument constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

John Kessock Jr., Authorized Person
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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