

L12 000057325

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

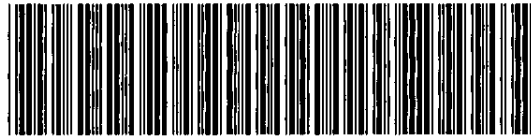
Special Instructions to Filing Officer:

Office Use Only

B. KOHR

APR 26 2012

EXAMINER



800231599598

04/26/12--01032--023 **130.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 26 PM 3:51

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: OLAS of the Keys, 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:

Joe Miklas, Esq.

Name of Person

Joe Miklas, P.A.

Firm/Company

P.O. Box 366

Address

Islamorada, FL 33036

City/State and Zip Code

captgary@mac.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Pamela Setchell

Name of Person

at (305) 852-7225

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & 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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
12 APR 25 PM 3:51

ARTICLES OF ORGANIZATION OF
OLAS OF THE KEYS, LLC

FILED
SECRETARY OF STATE
DIVISION OF CORPORATE REGISTRATION
12 APR 26 PM 3:51

ARTICLE I – Name: The name of the Limited Liability Company is OLAS of the Keys, LLC.

ARTICLE II – Address: The mailing address of the Limited Liability Company is: 90800 Overseas Highway #9, Tavernier, FL 33070. The street address of the principal office of the Limited Liability Company is the same.

ARTICLE III – Registered Agent and Registered Office: The name and Florida street address of the registered agent are:

Joe Miklas, Esq., 88765 Overseas Highway, Tavernier, FL 33070

ARTICLE IV – Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

Managing Member

Gary Mace
158 Coconut Row
Tavernier, FL 33070

Managing Member

Brenda Mace
158 Coconut Row
Tavernier, FL 33070

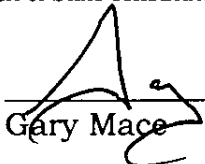
Member

William W. Wiles, Jr., Trustee
4150 Careywood Drive
Melbourne, FL 32934

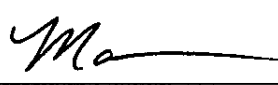
Member

Jim Mustoe
P.O. Box 330
King of Prussia, PA 19406

(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.)



Gary Mace



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, Florida Statutes.



Joe Miklas