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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificate	s of Status
Special Instructions to	Filing Officer:	

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09/10/12--01016--029 **125.00

C. LEWIS SEP 11 2012 **EXAMINER**

COVER LETTER

TO: Registration		*	.a.d
Division of C	orporations		.•
_{SUBJECT:} Keys	tone Energy Solu	tions, LLC	
	Name of Limit	ed Liability Company	
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this mat	ter to the following:	
Erik G. F	lector		
<u> </u>	100101	Name of Person	
NIA () A ()	INIO		
NAGAS,	INC		
		Firm/Company	
1633 Ra	ce Track Road, Su	uite 205	
	 	Address	· · · · · · · · · · · · · · · · · · ·
	=: 000=0		
Saint John	is, FL 32259	171. 0. 1	· · · · · · · · · · · · · · · · · · ·
la a constitución de la contra		y/State and Zip Code	
nappynecto	or@hectorco.com	for future annual report notification)	
7	•	·	
For further information	concerning this matter, please	e call:	
Erik G. Hector		at (904) 463-3842	
Name	of Person	Area Code & Daytime Telepho	ne Number
Enclosed is a check f	or the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	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 Circ Tallahassee, FL 32301	le

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICL	\mathbf{E} 1	- N	Vа	m	ο

The name of the Limited Liability Company is:

Keystone Energy Solutions, 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:

1 . 1		,	-
Mailing Address:			
1633 Race Track Road, Suite 205 Saint Johns, FL 32259	-		
gistered Agent. You must designate an individual or a		12 S	
registered agent are.	EINR		=
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ane	f SI	H 10	
address (P.O. Box NOT acceptable)	200	<u>:</u>	
_{FL} 32259	A		
	1633 Race Track Road, Suite 205 Saint Johns, FL 32259 ed Office, & Registered Agent's Signa distered Agent. You must designate an individual or a cregistered agent are: ee ane distance (P.O. Box NOT acceptable)	1633 Race Track Road, Suite 205 Saint Johns, FL 32259 ed Office, & Registered Agent's Signature: cistered Agent. You must designate an individual or another cregistered agent are: ARE NOTE STATE ASSET FLORE ASSET FLORE ASSET FLORE ASSET FLORE AGENTALIZATION AND ACCEPTABLE AND ACCEPTABLE ASSET FLORE ASSET	1633 Race Track Road, Suite 205 Saint Johns, FL 32259 ed Office, & Registered Agent's Signature: sistered Agent. You must designate an individual or another e registered agent are: AHERY OF SIAN SEE, FLORE AND AMOUNT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED

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

12 SEP 10 AM 10: 30

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

"MGR" = Manager "MGRM" = Managing Mer	ber	
MGRM	NAGAS, INC	
	1633 Race Track Road, Suite 205	,
	Saint Johns, FL 32259	
(Use attachment if necessar	<u> </u>	, _
(Osc attachment it necessar	,	
	than the date of filing: 9/7/12	
effective date is listed, the da 90 days after the date of filing	e must be specific and cannot be more than	1 five business days pric
or days after the date of filling		

(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.)

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

Erik G. Hector, Pres.

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)