

L12000151319

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

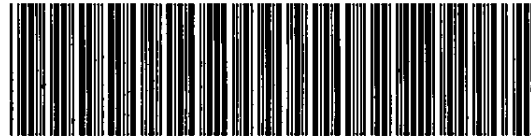
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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12/03/12--01048--031 **205.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
2012 DEC -3 AM 11:45

C. LEWIS
DEC - 4 2012
EXAMINER

William T. Phares, P.C.

Attorney At Law
4500 Kennedy Drive
P.O. Box 457
East Moline, IL 61244-0457
TEL (309) 796-0170
FAX (309) 796-2884
Email: wrpharesca@aol.com

[Client File #22106]

VIA FEDEX

November 30, 2012

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

**RE: New Florida LLC / Key Dealership Realty, LLC
Certificate of Merger**

Good Morning:

Enclosed are two filings which I would ask that you process.

FILE FIRST: Articles of Organization for Key Dealership Realty, LLC;

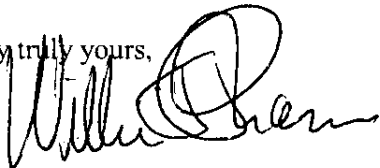
FILE SECOND: Certificate of Merger.

Our check in the amount of \$205.00 payable to the Florida Department of State is enclosed to cover the filing fees as follows:

Articles of Organization:	\$125.00
Certificate of Merger (total fee for both merging entities):	50.00
Certified copy of Certificate of Merger:	<u>30.00</u>
Total.	\$205.00

Please do not hesitate to call me or my assistant, Diane, if you have any questions in regard to filing the enclosed documents.

Very truly yours,



WILLIAM T. PHARES

WTP/dkc
Encls.

(850) 245-6051.

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KEY DEALERSHIP REALTY, 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:

William T. Phares

Name of Person

William T. Phares, PC

Firm/Company

4500 Kennedy Drive, POB 457

Address

East Moline, IL 61244

City/State and Zip Code

wtpharesca@aol.com

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

For further information concerning this matter, please call:

William T. Phares

Name of Person

at **309 796-0170**

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY DEALERSHIP REALTY, 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:

1212 Ben Franklin Drive

1212 Ben Franklin Drive

Unit 1002

Unit 1002

Sarasota, FL 34236

Sarasota, FL 34236

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Daniel R. Kehoe

Name

1212 Ben Franklin Drive, Unit 1002

Florida street address (P.O. Box **NOT** acceptable)

Sarasota,

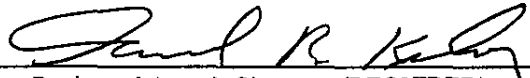
FL

34236

City, State, and Zip

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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, hereby accept the appointment as registered agent and agree to act in this capacity. further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, anddm 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)

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DIVISION OF CORPORATIONS
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ARTICLE IV- Manager(s) or Managing Member(s):

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Daniel R. Kehoe

1212 Ben Franklin Drive, Unit 1002

Sarasota, FL 34236

MGRM

David J. Kehoe

4712 Ocean Blvd, Unit W-6

Sarasota, FL 34242

MGRM

James R. Keeven

2160 8th Avenue

St. James City, FL 33956

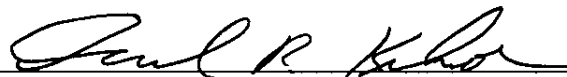
(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____.

(OPTIONAL)

~~(The effective date: 1) cannot be prior to nor more than 90 days after the date this document is filed by the Florida Department of State; AND 2) must be the same as the effective date listed in the attached Certificate of Conversion, if an effective date listed therein.)~~

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 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.)

Daniel R. Kehoe

Typed or printed name of signee