

L13000017492

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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☐ MAIL

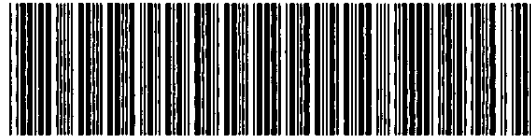
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TALLAHASSEE, FLORIDA

FEB -4 2013

G. McLEOD

(850) 245-6051.

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: **KATE MCKEON, 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:

**CHARLES H. BURNS, ESQ.**

Name of Person

Firm/Company

**1061 E. INDIANTOWN ROAD, SUITE 400**

Address

**JUPITER, FL 33477**

City/State and Zip Code

**KATENYC5@AOL.COM**

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

For further information concerning this matter, please call:

**CHARLES H. BURNS** at **561** **747-2600**

Name of Person

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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:

KATE MCKEON, LLC

**ARTICLE II**  
**Address**

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

717 U.S. Highway One, Apt. 204  
Jupiter, Florida 33477

**ARTICLE III**  
**Registered Agent, Registered Office and Registered Agent's Signature**

The name and the Florida street address of the Registered Agent are:

Charles H. Burns, Esq.  
1061 E. Indiantown Road, Suite 400  
Jupiter, Florida 33477

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.

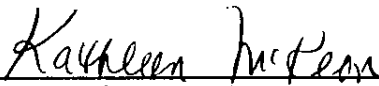
  
\_\_\_\_\_  
CHARLES H. BURNS, ESQ.  
Registered Agent's Signature

**ARTICLE IV**  
**Management**  
Check box if applicable

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

MGRM	Kathleen McKeon 717 U.S. Highway One, Apt. 204 Jupiter, Florida 33477
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☒ The Limited Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

  
\_\_\_\_\_  
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.

Kathleen McKeon  
\_\_\_\_\_  
Typed or printed name of signee