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(Re	equestor's Name)	
(Ac	ddress)	
(Ac	ldress)	
(Cir	ty/State/Zip/Phone	: #)
PICK-UP	WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(Do	ocument Number)	
Certified Copies	Certificates	of Status
Special Instructions to	Filing Officer:	





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Effective Date 00 18 13

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2013 FEB -7 PM 1: 30
SECRETARY OF STATE

FEB - 8 2013 J. BRYAN (850) 245-6051.

COVER LETTER

TO:

Registration Section **Division of Corporations**

Kearney Holdings, 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:

Christopher J. Kearney	SECTION TO
Name of Person	ANSSEE P
Firm/Company	TI O
74 Oakmont Circle	ORIGINAL SALES
Address	
Ormond Beach, FL 32174	

City/State and Zip Code

chris.kearney@cfl.rr.com

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

For further information concerning this matter, please call:

Chris Kearney

Name of Person

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)

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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:	TALLAHASSEE
Kearney Holdings, LLC	
(Must end with the words "Limited Liability ARTICLE II - Address:	Company, "L.L.C.," or "L.L.C.")
	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
74 Oakmont Circle, Ormond Beach, FL 32174	74 Oakmont Circle, Ormond Beach, FL 32174
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	red Agent. You must designate an individual or another Effective Date (22) 18 13
The name and the Florida street address of the re-	gistered agent are:
Christopher J. Keamey	
Name	
74 Oakmont Circle	
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Ormond Beach, FL 32174	FL
City, Stat	e, and Zip

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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

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

MGRM	Christopher J. Kearney		
	74 Oakmont Circle	$-\infty$	
	Ormond Beach, FL 32174	— <u>三元</u>	
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		_	
(Use attachment if necessary)			
Use attachment if necessary)			

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.)

Christopher J. Kearney

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)