13000103258

(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 Film [27] [1]			
L. SELLERS			
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(JUL'2 2 2013			
L. SELLE			

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TO ACKNEWLEDGE SUFFICIENCY OF FILING STANTED TO THE CONTROL OF STATES

13 JUL 22 AH 10: 59
SECRETARY OF STATE

(850) 245-6051.

COVER LETTER

TO: Registration Division of C			
SUBJECT: Kee	1 Brother's inc		
	Name of Limit	ed Liability Company	
The enclosed Articles of	of Organization and fee(s) are	submitted for filing.	
Please return all corres	pondence concerning this matt	ter to the following:	
		Name of Person	
		Firm/Company	
178	Paret		`. J
		Address	
70/	bhassee fla.	Address Ly/State and Zip Code for future annual report notification)	
,	Cit	ly/State and Zip Code	
Ke	E-mail address: (to be used	for future annual report notification)	
For further information	concerning this matter, please	e call:	
Name	of Person	at () Area Code & Daytime Telep	phone Number
Enclosed is a check t	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 C	•

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Keel Brother's LLC. (Must end with the words "Limited Liability	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the printing address.	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1785 Day Ct. Talluhussee fl, 32308	1785 Dax ct. 7albhasee fla 32308
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re	gistered agent are:
Doylo . W KEE!	
1785 Dax cd - ta	ess (P.O. Box <u>NOT</u> acceptable)
Tallahess ce City, Stat	e, and Zip
Having been named as registered agent and to a liability company at the place designated in th registered agent and agree to act in this capacit all statutes relating to the proper and complete	ccept service of process for the above stated limited is certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of performance of my duties, and I am familiar with istered agent as provided for in Chapter 608, F.S
(CONTINI	JED) AS 3

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SECRETARY OF STATE
ANALYSEE FLORIDA

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

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

<u>Title:</u> "MGR" = Manager	Name and Address:			
"MGRM" = Managing Member MC/2/	Daylos: W. Keel 1785 Oanc.+			
Mg, M	Jame's. L. KEEl 1785, Ooxof yalla flo. 32308			
				
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (OPTIONAL) If an effective date is listed, the date must be specific and cannot be more than five business days				
rior to or 90 days after the date of filing.) REQUIRED SIGNATURE:				
2	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.)				
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)