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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ry/State/Zip/Phone	÷#)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	····
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



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2015 JAH 16 P 4: 37

B. BOSTICK JAN **29** 2015

EXAMINER

COVER LETTER

10:	Division of Corporations				
SUBJE	Key Intera	ctive (Group, LL	C	
CODEL		imited Liabi	ility Company		
The enc	losed Articles of Organization and fee(s)	are submitte	ed for filing.		
Please r	eturn all correspondence concerning this r	natter to the	following:		
		Lee K	(ieran		
		Name o	f Person		_
	Key Inte	ractiv	e Group, l	LLC	
		Firm/C	ompany		_
	2402 Swe	etwat	er CC Pla	ce Dr	
		Add	ress		_
	Apo	pka, I	FL 32712		
		City/State a	nd Zip Code		-
			gmail.com	201	_
		•	for future annual repor	rt notification)	1
For furth	ner information concerning this matter, plo	ease call:			Production of the last of the
	Lee Kieran	415	<u>867-995</u>	nt notification)	ŗ
	Name of Person	Area Code	Daytime Teleph	ione Number	C
Enclose	' I is a check for the following amount:			<u> </u>	
\$ 125.00	Filing Fee \$130.00 Filing Fee & Certificate of Status	— Certi:	.00 Filing Fee & fied Copy nal copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclo	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street/Courier Add Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability C	Company is:				
Ke	y Interactiv	e Group. L	LC		
		 	ompany, "L.L.C.,"	or "LLC.")	
ARTICLE II - Address: The mailing address and street addr	ess of the princip	al office of the I	Limited Liability (Company is:	
Principal Office Address:	<u>M</u>	ailing Address:	<u>.</u>		
2402 Sweetwater CC Place	æ Dr	2	2402 Sweetwater C	C Place Dr	
Apopka, FL 32712			Apopka, FL 3	2712	
(The Limited Liability Company car another business entity with an acti The name and the Florida street add	ve Florida registr	ation,)	Agent. You must o	designate an individua	l or
	Lee	Kieran		_	
	Na	ıme			
2	402 Sweetw	ater CC Plac	ce Dr	<u>.</u>	
Florida stre	et address (P.O.	Box <u>NOT</u> accep	otable)		
	Apopka,	FL	32712	•	
	City		Zip		
Having been named as registered a the place designated in this certi capacity. I further agree to compl of my duties, and I am familiar w	ficate, I hereby ac y with the provision ith and accept the	cept the appoint ons of all statutes	ment as registered s relating to the pr ny position as regi	l agent and agree to ac oper and complete per	ct in this Formance
Regi	stered Agent's Si	gnature (REQU	IRED)	2015 JAN 16	
	(CONTI			. 1 mg	
	Page 1	of2		F ST ST 31	Ö

<u>Title:</u>		Name and Address:	
'AMBR" = Authorized	Member		
'MGR" = Manager			
AMBR		Lee Kieran	
		2402 Sweetwater CC Place I	Dr
		Apopka, FL 32712	· · · · · · · · · · · · · · · · · · ·
AMBR	-		
	•		
AMBR			
		•	
V: Effective date, if o tive date is listed, the filing.)	ther than the date of fil date must be specific	ing: (C	
V: Effective date, if octive date is listed, the filing.)	ther than the date of fil date must be specific		
ctive date is listed, the filing.) VI: Other provisions,	ther than the date of fil date must be specific if any.		
V: Effective date, if of tive date is listed, the filing.) VI: Other provisions,	ther than the date of fil date must be specific if any.		
EV: Effective date, if o ctive date is listed, the filing.)	ther than the date of fil date must be specific if any.		
CV: Effective date, if of active date is listed, the filing.) CVI: Other provisions, REQUIRED SIGNAT	other than the date of fil date must be specific if any. URE:	and cannot be more than five business d	ays prior to or 9
CV: Effective date, if of ctive date is listed, the filing.) CVI: Other provisions, REQUIRED SIGNAT Signatures (In accordance on stitutes I am aware	ure: URE: URE: Ignature of a member nee with section 605.0 an affirmation under that any false information that are that are that are the false information that are the false		ember. of this document herein are true.
V: Effective date, if o ctive date is listed, the filing.) VI: Other provisions, REQUIRED SIGNAT Si (In accordate constitutes I am aware	ure: URE: URE: Ignature of a member nee with section 605.0 an affirmation under that any false information that are that are that are the false information that are the false	r or an authorized representative of a monopole and the penalties of perjury that the facts stated ation submitted in a document to the Departure as provided for in s.817.155, F.S.)	ember. of this document herein are true.
V: Effective date, if o ctive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT Si (In accordate constitutes I am aware	ure of a member nee with section 605.0 an affirmation under that any false information degree felony	r or an authorized representative of a more than statutes, the execution the penalties of perjury that the facts stated ation submitted in a document to the Departure penalties of the penalties of perjury that the facts stated ation submitted in a document to the Departure penalties of perjury that the facts stated ation submitted in a document to the Departure penalties provided for in s.817.155, F.S.) Lee Kieran	ember. of this document herein are true.
V: Effective date, if o ctive date is listed, the filing.) VI: Other provisions, REQUIRED SIGNAT Si (In accordate constitutes I am aware	ure of a member nee with section 605.0 an affirmation under that any false information degree felony	r or an authorized representative of a monopole and the penalties of perjury that the facts stated ation submitted in a document to the Departure as provided for in s.817.155, F.S.)	ember. of this document herein are true.
V: Effective date, if o ctive date is listed, the filing.) VI: Other provisions, EQUIRED SIGNAT Si (In accordate constitutes I am aware	ure of a member nee with section 605.0 an affirmation under that any false information degree felony	r or an authorized representative of a more period of a more than five business described by the period of the penalties of perjury that the facts stated and as provided for in s.817.155, F.S.) Lee Kleran bed or printed name of signee	ember. In of this document herein are true. In the state
EV: Effective date, if of tive date is listed, the filing.) EVI: Other provisions, EEQUIRED SIGNAT Signatures (In accordance constitutes of am aware constitutes)	ther than the date of fil date must be specific if any. URE: ignature of a member nee with section 605.0 an affirmation under that any false informs a third degree felony Typ	r or an authorized representative of a monopole of a monop	ember. of this documen I herein are true. rtment of State
CV: Effective date, if of ctive date is listed, the filing.) CVI: Other provisions, REQUIRED SIGNAT Si (In accordance constitutes I am aware constitutes	if any. URE: ignature of a member nee with section 605.0 an affirmation under that any false informs a third degree felony Typer Articles of Organiz	r or an authorized representative of a more period of a more than five business described by the period of the penalties of perjury that the facts stated and as provided for in s.817.155, F.S.) Lee Kleran bed or printed name of signee	ember. of this documen I herein are true. rtment of State

, ARTICLE IV-

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Key Interac	ctive Group,	нс		
(Must	end with the words			" or "LLC.")	
ARTICLE II - Address:					
The mailing address and str	eet address of the pri	incipal office of the	Limited Liability	Company is:	
Principal Office Address:		Mailing Addres	<u>s:</u>		
2402 Sweetwater CC Place Dr Apopka, FL 32712		2402 Sweetwater CC Place Dr			
		Apopka, FL 32712		32712	
he name and the Florida st		egistered agent are: Lee Kieran			
mother business entity with		,			
The figure and the Fibrida Si					
<u>—</u>	<u> </u>	Name		-	
	2402 Swe	etwater CC Pla	ace Dr		
Flo	orida street address (F			_	
-	Apopka,	FL	32712		
	City		Zip	-	
	his certificate, I herel	by accept the appoi	ntment as registere	d agent and agree to ac roper and complete per	et in this forman
Having been named as regi the place designated in t capacity. I further agree t of my duties, and I am fai			my position as reg	istered agent as provide	

Other provisions, if any.				
- -/				
date is listed, the date must be specific an g.)	nd cannot be more than five business days prior to or 9			
Effective date, if other than the date of filing	g: (OPTIONAL)			
ttachment if necessary)				
·	1			
·				
	- CD			
				
	Apopka, FL 32712			
R" = Manager	•			
R" = Authorized Member	VIBION HIM CYMMICSS!			
	Name and Address: Lee Kleran 2402 Sweetwater CC Ptace Dr Apopka, FL 32712			

Filing Fees:

Lee Kleran
Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)