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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
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PICK-UP	☐ WAIT	MAIL
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(Bu	isiness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	Certificates	of Status
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Special Instructions to	Filing Officer:	





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COVER LETTER

	Registration S Division of Co				·
SUBJECT		Key L.L.C			
SOBSEC	·	Name of Li	mited Liabil	ity Company	
The enclose	sed Articles o	f Organization and fee(s) a	re submitted	for filing.	
Please retu	ırn all corresp	ondence concerning this m	atter to the f	ollowing:	
	Mathew Sc	ott Leonard			
			Name of	Person	
	The BetaKe	ey L.L.C.			
			Firm/Co	mpany	
	2032 Horto	n drive			
		, , , ,	Addr	ess	
	Pensacola,	FL 325107			
			City/State an	d Zip Code	
	thebetakey@		1.6		•
		E-mail address: (to be used		nnual report notificat	ion)
For further i	nformation co	oncerning this matter, pleas	se call:		
	Mathew Sco		50	5016647	
	Nan		Area Code	Daytime Telephon	e Number
Enclosed i	s a check for	the following amount:			
\$125.00 F	iling Fee	\$130.00 Filing Fee & Certificate of Status	Certifi	0 Filing Fee & ed Copy al copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Maili	ng Address		Street Address	75.

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

(Must end wind ARTICLE II - Address: The mailing address and street address			y, "L.L.C.," or "LLC.")	
	ress of the principal of	og ou vi i i		
The mailing address and street add	ress of the principal of	on out * 1 1 1		
		ffice of the Limited	Liability Company is:	
<u>Principal</u>	Office Address:		Mailing Address:	
2032 Horton drive			2 Horton drive	
Pensacola, FL 32507		Pens	Pensacola, FL 32507	
	Mathew Scott Leonar	rd Name		
	2032 Horton drive			
	Florida street address	s (P.O. Box <u>NOT</u> a	cceptable)	
	Pensacola	FL	32507	
	City	State	Zip	
The name and the Florida street ad	_	rd		

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

ECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Mark Anthony Joyal
THE	3075 Silverado circle
	Green Cove Springs, FL 32043
AMBR	Arthur William Randall II
	2032 Horton drive
	Pensacola, FL 32507
AMBR	Clark Wallace IV
	4508 Citadel drive
	Pensacola, FL 32514
AMBR	Mathew Scott Leonard
	2032 Horton drive
	Pensacola, FL 32507
(Use attachment if necessary)	
TICLEV: Effective date if other than	the date of filing: (OPTIONAL)
an effective date is listed, the date mu	st be specific and cannot be more than five business days prior to or 90 days after
date of filing.)	,
	es not meet the applicable statutory filing requirements, this date will not be listed a
e document's effective date on the Depa	

REOUIRED SIGNATURE:

> Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.)

Mathew Scott Leonard

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)