15000177476

(Requestor's Name)
(Address)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Special Instructions to Filing Officer:
W15-65631





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2015 OCT -1 AM 10: 18
SECRETARY OF STATE
FALL AHASSEE, FLORID,

OCT 2 0 2015

T. BROWN

COVER LETTER

	egistration Section ivision of Corporations		
SUBJECT	KEYS HIDEAWAY LLC.		
SUBJECT	Name of	Limited Liabili	ty Company
The enclose	ed Articles of Organization and fee(s)	are submitted	for filing.
Please retu	rn all correspondence concerning this	matter to the fe	ollowing:
	MARGARET AND JAMES MCNU	JLTY	
		Name of	Person
		Firm/Co	npany
	851 S.E. 13TH COURT		
		Addre	ess
	POMPANO BEACH FLORIDA 33		
	MAGGIE@SHADESHACK.NET	City/State and	1 Zip Code
-	E-mail address: (to be u	sed for future a	nnual report notification)
For further in	nformation concerning this matter, ple	ease call:	
	MAGGIE MCNULTY at	954 (954-444-5300
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	LCertific	0 Filing Fee & \$160.00 Filing Fee, cd Copy Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314		Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



October 2, 2015

MARGARET AND JAMES MCNULTY 851 SE 13TH COURT POMPANO BEACH, FL 33060

SUBJECT: KEYS HIDEAWAY LLC. Ref. Number: W15000065631

We have received your document for KEYS HIDEAWAY LLC. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please list only one person as registered agent and this should be the same person signing accepting the position.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Teresa Brown Regulatory Specialist II

Letter Number: 615A00020857

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEYS HIDEAWAY LLC.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

2015 OCT AH 10: 18

ARTICLE II - Address:

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

<u>Principa</u>	l Office Address:		Mailing Address:
851 S.E 13TH COUR POMPANO BEACH FLORIDA 33060	T	SAM	И <u>Е</u>
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an act	cannot serve as its own Re ctive Florida registration.)	gistered Agent.	nt's Signature: You must designate an individual or
	MARGA	RET MCNULT	Y
	N	ame	
	851 S.E. 13TH COURT		
	Florida street address (P	.O. Box <u>NOT</u> a	cceptable)
	POMPANO BEACH	FLORIDA	33060
	City	State	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 605, F.S.

(CONTINUED)

Mangaret McNully
Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	MARGARET MCNULTY
·	851 S.E. 13TH COURT
	POMPANO BEACH FL 33060
MGR	JAMES MCNULTY
	851 S.E. 13TH COURT
	POMPANO BEACH FL 33060
•	f filing:
of filing.) The date inserted in this block does not me ment's effective date on the Department of	of filing:
EV: Effective date, if other than the date of ective date is listed, the date must be specifiling.) The date inserted in this block does not mement's effective date on the Department of EVI: Other provisions, if any. REOUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spectof filing.) If the date inserted in this block does not meant's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not f State's records.
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LE V: Effective date, if other than the date of fective date is listed, the date must be spectof filing.) If the date inserted in this block does not me ament's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a memory This document is executed I am aware that any false in	the applicable statutory filing requirements, this date will not f State's records. Menuty There or an authorized representative of a member. In accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Filing Fees: