115000/8/58/

(Re	questor's Name)		
(Address)			
(Address)			
(City	y/State/Zip/Phone	⇒ #)	
PICK-UP	☐ WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	Certificates	of Status	
Special Instructions to Filing Officer:			





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10/21/15--01002--010 **130.00







COVER LETTER

	Registration Section Division of Corporations			
CUD IEC	KEYS TO EDEN REALTY, LLC	:		
SUBJEC	T:Name of	Limited Liabilit	y Company	
The enclo	sed Articles of Organization and fee(s	s) are submitted :	for filing.	
Please ret	urn all correspondence concerning thi	s matter to the fo	ollowing:	
	LOYDA E. RIVERA-TORRES			
	Name of Person			
	Firm/Company			
	3513 Tumbling River Dr.			
	Address			
	Clermont, Florida 34711			
	esq.loydarivera@gmail.com	City/State and	Zip Code	
	E-mail address: (to be a	ised for future ar	nnual report notification)	
For further	information concerning this matter, pl	lease call:		
	Loyda E. Rivera-Torres	787	614-1016	
	Name of Person	Area Code	Daytime Telephone Number	
Enclosed	is a check for the following amount:			
\$125.001	Filing Fee Status Status	Certifie —	O Filing Fee & S160.00 Filing Fee, d 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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KEYS TO EDEN REALTY, LLC (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
TICLE II - Address: mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
3513 Tumbling River Dr.	3513 Tumbling River Dr.
Clermont FL 34711	Clermont, FL 34711
·	

Name

3513 Tumbling River Dr.

Florida street address (P.O. Box NOT acceptable)

Clermont, FL 34711

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)

egistered Agent's Signature (REQUIRED)

Page 1 of 2

SECRETARY OF STATE

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMBR, MGR	Loyda E. Rivera-Torres
	3513 Tumbling River Dr.
	Clermont, FL 34711
	
	
(Use attachment if necessary)	
•	(OPTIONAL)
n effective date is listed, the date must be sp ate of filing.)	e of filing:
ocument's effective date on the Department	
ICLE VI: Other provisions, if any.	
REOUIRED SIGNATURE:	
Signature of a m	nember or an authorized representative of a member. uted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fals	se information submitted in a document to the Department of State see felony as provided for in s.817.155, F.S.
Loyda E. Rivera	
	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)