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16 APR -4 PM 12: 14
TO ACKNOWLEDGE
SUFFICIENCY OF FILING

APPROVED
AND
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16 APR -4 PM 12: 4?
SECRETARY OF STATE
TALLAHASSEE FLORIDA

APR 0 4 2016

T SCHROEDER

COVER LETTER

TO: *Registration Section*
Division of Corporations

SUBJECT: __Key Expert Budget Solutions LLC__
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

__Robert. James Key__
Name of Person

_____
Firm/Company

__1950 Lee Rd__
Address

__Winter Park Fl 32789__
City/State and Zip Code

__Key expert budget solutions @ gmail.Com__
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

__Robert James Key__ at (__470__) __234-7191__
Name of Person   Area Code   Daytime Telephone Number

Enclosed is a check for the following amount:

☑ $125.00 Filing Fee   ☐ $130.00 Filing Fee &   ☐ $155.00 Filing Fee &   ☐ $160.00 Filing Fee,
                          Certificate of Status   Certified Copy   Certificate of Status &
                                                     (additional copy is enclosed)   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

ARTICLE I - Name:
The name of the Limited Liability Company is:

Key Expert Budget Solutions LLC

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

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
1950 Lee Rd	1950 Lee Rd
Winter Park Fl 32789	Winter Park Fl 32789

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Corey Grigley
Name

108 County Walk Cir
Florida street address (P.O. Box **NOT** acceptable)

Devenport	Fl	33837
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..

Corey Higley
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV-
The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR / AMBR

Corey Grigley
108 Country Walk Cir
Devenport Fl 32837

(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 prior to or 90 days after the date of filing.**)
Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions. if any.

_____

REQUIRED SIGNATURE:

Corey Grigley

Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Corey Grigley
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)

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