## L16000147162

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PICK-UP	☐ WAIT	MAIL
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SECRETARY OF STATE
TALLAHASSEE: FLORIDE



July 29, 2016

KATIE M WILKIND KEYSTONE BUSINESS CENTER LLC 5005 SAGEBRUSH AVE KEYSTONE HEIGHTS, FL 32656

SUBJECT: KEYSTONE BUSINESS CENTER LLC

Ref. Number: W16000052762

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Please list the complete principal office address.

950 aus 680d fax Dundap

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.

Nadira D McClees-Sams Regulatory Specialist II

Letter Number: 216A00015943

8/5/16 date

www.sunbiz.org

## **COVER LETTER**

	egistration Section vision of Corporations	
SUBJECT:	Keystone Business Center LLC	
SUBJECT		ited Liability Company
The enclose	ed Articles of Organization and fee(s) are	submitted for filing.
Please retur	rn all correspondence concerning this mat	ter to the following:
	Katie M Wikins	
		Name of Person
	Keystone Business Center LLC	
		Firm/Company
	5005 Sagebrush Ave	
		Address
	Keystone Heights, FL 32656	
		ty/State and Zip Code
-	regionalelectricinc@gmail.com	for future annual report notification)
For further in	nformation concerning this matter, please	
	Katie M Wilkins 90 at (	4 535-8080
•		ea Code Daytime Telephone Number
Enclosed is	s a check for the following amount:	
<b>5</b> 125.00 Fi	ling Fee \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed)  Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section	Street Address New Filing Section
	Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Division of Corporations Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ANTICLES OF ORGANIZATION PORTLANDIA	MARTEN CANDITAL L COMMUNIAL
ARTICLE 1 - Namo:	
The name of the Limited Liability Company is:	
Keystone Business Center 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	e Limited Liability Company is:
Principal Office Address:	Mailing Address:
Katie M Wilkins	5005 Sagebrush Ave
5005 Society sh Ave	Keystone Heights, FL 32656
Louistone Heights FL 32656	······································
	* * * * * * * * * * * * * * * * * * * *
ARTICLE III - Registered Agent, Registered Office, & Regist (The Limited Liability Company angust serve as its own Accingn	
another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are	<b>3</b> :
77 / A 4 TT***	

Katie M Wilkins
Name

5005 Sagebrush Ave.
Florida street address (P.O. Box NOT acceptable)

Keystone Heights FL 32656
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 603, F.S.

(CONTINUED)

Registered Agent's Signature (REQUIRED).

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2016 JUL 21 AM 8: 46
SECRETARY OF STATE
SECRETARY OF STATE

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" - Manager	
MGR	Katie M. Wilkins
	5005 Sagebrush Ave
	Keystone Heights FL 32656
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LE V: Effective date, if other than the date fective date is listed, the date must be so of filing.)  If the data inserted in this block does not ament's effective date on the Department.  EVI: Other provisions, if any:  REOURED SIGNATURE:  Signature of a to This document is exceed I am aware that any fall constitutes a third degree.	most the applicable statutory filing requirements, this dail, will not be it of State's records.  The interpolation of the property of a member of an authorized representative of a member of statutes, se information submitted in a document to the Department of State of felony as provided for in s.817.155, F.S.  Typed or printed name of signee  Filing Fees:  Transport of Registered Agent

CRETARY OF STATE