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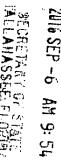
(Re	equestor's Name)	
(Ad	dress)	
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-		
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
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(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions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





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09/06/16--01034--021 **125.00



COVER LETTER

	gistration Section vision of Corporations	
CUBIECT.	19 S BOUNTY LANE KEY LAR	GO LLC
SUBJECT:		Limited Liability Company
The enclose	d Articles of Organization and fee(s)	are submitted for filing.
Please retur	n all correspondence concerning this	matter to the following:
	RIC	CHARD A SCHURR ESQ
•		Name of Person
	RIC	HARD A SCHURR PA
•		Firm/Company
	100 ALM	IERIA AVENUE SUITE 330
•		Address
	CORAL	GABLES FLORIDA 33134
•	PICK@PIC	City/State and Zip Code CHARDSCHURR.COM
_		sed for future annual report notification)
For further in	formation concerning this matter, pl	ease call:
1	RICHARD A SCHURR ESQ	305 443-5235
-	Name of Person	Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fil	ing Fee \$130.00 Filing Fee & Certificate of Status	
	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

ARTICLE I - Name: The name of the Limited L	iability Company is:		
	LANE KEY LARGO LLC		
(Mus	t end with the words "Limited L	iability Company, "L	L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and st	reet address of the principal offi	ce of the Limited Lia	ability Company is:
<u>P1</u>	rincipal Office Address:		Mailing Address:
	NO DRIVE	14610 P	POMPANO DRIVE
14610 POMPA	NO DRIVE		
ARTICLE III - Registere The Limited Liability Cor	LES FLORIDA 33158	CORAL Registered Agent's egistered Agent. You	GABLES FLORIDA 33158 Signature: u must designate an individual or
ARTICLE III - Registere The Limited Liability Counother business entity wi	ed Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration.	Registered Agent's egistered Agent. You) gent are:	Signature:
CORAL GABI ARTICLE III - Registere The Limited Liability Councitor business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R th an active Florida registration. street address of the registered a RICHARD A SCHURI	Registered Agent's egistered Agent. You) gent are:	Signature:
CORAL GABI ARTICLE III - Registere The Limited Liability Counother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R th an active Florida registration. street address of the registered a RICHARD A SCHURI	Registered Agent's egistered Agent. You) gent are:	Signature:
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ARTICLE III - Registere The Limited Liability Counother business entity wi	ed Agent, Registered Office, & mpany cannot serve as its own R th an active Florida registration. Street address of the registered a RICHARD A SCHURI	Registered Agent's egistered Agent. You) gent are: R PA Name	s Signature: u must designate an individual or
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CORAL GABI ARTICLE III - Registere The Limited Liability Con another business entity with The name and the Florida	ed Agent, Registered Office, & npany cannot serve as its own R th an active Florida registration. Street address of the registered a RICHARD A SCHURI 100 ALMERIA AVEN Florida street address (CORAL GABLES City	Registered Agent's egistered Agent. You) gent are: R PA Name TUE SUITE 330 (P.O. Box NOT acce) FLORIDA State	s Signature: u must designate an individual or eptable)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	CEE ATTACHED
	SEE ATTACHED
(Use attachment if necessary)	
(Ose attachment if necessary)	
CLE V: Effective date, if other than the dat effective date is listed, the date must be stee of filing.)	e of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90 day
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be
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CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Departmen CLE VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a not the Departmen of the Departmen of a not the Departmen	meet the applicable statutory filing requirements, this date will not be to f State's records. Application of the statutory filing requirements, this date will not be to f State's records. Typed or printed name of signce
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not be to f State's records. Application of the statutory filing requirements, this date will not be to f State's records. Typed or printed name of signce
CLE V: Effective date, if other than the date effective date is listed, the date must be stee of filing.) If the date inserted in this block does not cument's effective date on the Department of the Department	meet the applicable statutory filing requirements, this date will not be let of State's records. Application of the statutory filing requirements, this date will not be let of State's records. The state of the statutory filing requirements, this date will not be let of State's records. The state of the statutory filing requirements, this date will not be let of State

ARTICLE IV-

Page 2 of 2

TITLE:

NAME AND ADDRESS:

MGR- MANAGER PURA MARTIN, TRUSTEE, PURA MARTIN REVOCABLE FAMILY TRUST

DATED 5/20/2016

14610 POMPANO DRIVE

CORAL GABLES FLORIDA 33158

MGR-MANAGER

JORGE L MARTIN, TRUSTEE, JORGE L MARTIN REVOCABLE FAMILY TRUST

DATED 5/20/2016

14610 POMPANO DRIVE

CORAL GABLES FLORIDA 33158