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(Re	equestor's Name)	
(Ac	idress)	
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PICK-UP	☐ WAIT	MAIL
(Ві	ısiness Entity Nar	ne)
(Do	ocument Number)	
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2016 SEP 14 PH 2: 23

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: TURNING KEYS INVENTED Name of Limited Liab	Stments UC Dility Company
The enclosed Articles of Organization and fee(s) are submitte	ed for filing.
Please return all correspondence concerning this matter to the	e following:
Cynthia R. C.	•
Name	of Person
·	
Firm/C	Company
2729 Unity tree Drivi	e
Ad	dress
Edgewater Florida Cynhueyes Catt. n	32141
City/State:	and Zip Code e t
E-mail address: (to be used for future	e annual report notification)
For further information concerning this matter, please call:	
Cynthea R. Collins at (386) (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 Certificate of Status	5.00 Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section	New Filing Section
Division of Corporations P.O. Box 6327	Division of Corporations Clifton Building
Tallahassee, FL 32314	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:	
Turning Keys In	vestments LC
(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	ne Limited Liability Company is:
Principal Office Address:	Mailing Address:
2729 Unity tree Dr.	2729 Unity free Dr.
Edgewater FL, 32141	Edgenater FL. 32141
	J
ARTICLE III - Registered Agent, Registered Office, & Regist	ered 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:

D	ELTON	J Mc	LIN	
	<u> </u>	Name	• 1	
21	Oak	mout	circle	
Florida s	treet addr	ess (P.O. Bo	x NOT acceptabl	e)
Orn	rondo	Beach	x <u>NOT</u> acceptabl Ploni da	32174
	City	Stat	e	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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

"MGR" = Manager AMBR A	"MGR" = Manager	
AMBR Fath Collins 2729 Unity free Diedgwater Pl. 32141 Fath Collins 2729 Unity free Dr. Edg water Pl. 32141 AMBR DELTON McLin Bl Dakmont firele Olimpin Beach Fl. 32174 YolinDA fuelin 21 Oakmont firele Ormand Beach Fl. 32174 (Use attachment if necessary) ICLE V: Effective date, if other than the date of filing: (OPTIONAL) 1 effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 date of filing). If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be ocument's effective date on the Department of State's records. ICLE VI: Other provisions, if any. REQUIRED SIGNATURE: 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.	AMGK	
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