Ø 001 Page 1 of 1

Division of Corporations **Electronic Filing Cover Sheet** 

Florida Department of State

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000184662 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : M. BURR KEIM COMPANY

Account Number: Il9990000242

Phone : (215)563-8113

Fax Number : (215)977-9386

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

27 m n i 1	Address:
CHLLL	MULLESS.

## FLORIDA LIMITED LIABILITY CO. L MALLOY ENTERPRISES LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu

Help

ARTICLESOF	ORGANIZATION FOR	FLORIDA LIM	IITED LIABILTIY COMPANY	
ARTICLE I - Name: The name of the Limited Liability	у Сотралу is:			
L MALLOY ENTER				_
(Must conta	in the words "Limited	Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street ad	dress of the principal o	ffice of the Li	mited Liability Company is:	
Principa	1 Office Address:		Mailing Address:	
2441 Den Street			2441 Den Street	
Saint Augustine. FL 3	2092		Saint Augustine, FL 32092	
ARTICLE III - Registered Ages (The Limited Liability Company of another business entity with an ac-	cannot serve as its own	Registered A	Agent's Signature: gent. You must designate an individual o	or
The name and the Florida street a	ddress of the registered	agent are:		
	Laura Dusek			
		Name		
	2441 Den Street			
	Florida street address	s (P.O. Box N	OT acceptable)	
	Saint Augustine	FL	32092	
	City	State	Zip	
Uming hear named as registered on	sem and to accept service	e of process for	the above stated limited liability company	ot the

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)

M BURR KEIM CO (((H170001846623)))

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Laura Dusek
	2441 Den Street
	Saint Augustine, FL 32092
-	······································
<del></del>	
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EV: Effective date, if other than the date of	of filing: (OPTIONAL)
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\$ 5.00 Certificate of Status (Optional)