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COVER LETTER

TO:

New Filing Section

Division of Corporations
SUBJECT: Keeley's Legal Documents 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:
Candice Keeley Name of Person
Keeley's Legal Documents LLC.
12430 Skunk Valley Lane
PanamaCHy, FL. 32409 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Cardice Keeley at (850) 348 (999) Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\times \text{S130.00 Filing Fee & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certified Copy (additional copy is enclosed)} \text{Certified Copy (additional copy is enclosed)}
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:	
Keeley's Legal T	Documents LLC.
(Must contain the words "Emitted Liability	Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address of the principal office of the street address and street address address and street address and street address of the principal office of the street address and street address address and street address and street address and street address address and street address addr	he Limited Liability Company is:
Principal Office Address:	Mailing Address:
17420 Skinvilaller 1 200	17420 54.04 1/21121 20

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:

Candice Keeley
Name

12430 Skunk Valley Lane
Florida street address (P.O. Box NOT acceptable)

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.

(CONTINUED)

The name and address of each person authoriz	red to manage and control the Limited Liability Company:
Title: "AMBR" = Authorized Member	Name and Address:
"MGP" - Vanager GIR AMBR	Candice Keeley 12430 Skunk Velley Lane Panama City, Fr 32409
AMBR	Franklin Keeky 17430 Skunk Valky Lane Panama City, FL. 32409
(Use attachment if necessary)	
the date of filing.)	and cannot be more than five business days prior to or 90 days after he applicable statutory filing requirements, this date will not be listed as
ARTICLE VI: Other provisions, if any.	· · · · · · · · · · · · · · · · · · ·
This document is executed in I am aware that any false inforconstitutes a third degree felor	ror an authorized representative of a member. accordance with section 605.0203 (1) (b), Florida Statutes. rmation submitted in a document to the Department of State ny as provided for in s.817.155, F.S.
Ty	ped or printed name of signee

Filing Fees:
\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)