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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

(Business Entity Name)

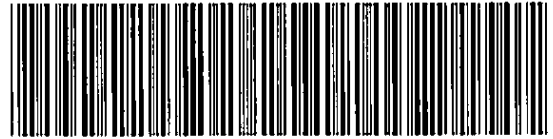
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18 MAY 15 PM 4:30  
TALLAHASSEE, FLORIDA

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April 27, 2018

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Re: Key Five, LLC  
Our File No.: 2018-0202

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization for the above named entity. After filing, please return a certified copy of the Articles to my office as soon as possible. I have also enclosed a check in the amount of \$155.00 to cover your filing fees, registered agent fee and the cost of obtaining a certified copy.

Thank you for your assistance in this matter. Should you have questions or comments, please contact our office.

Sincerely,



Lauriane Ciccarelli

LAC/mph

Enclosures

18 MAY 15 PM 4:30  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I – Name:**

The Name of the Limited Liability Company is: KEY FIVE, LLC

**ARTICLE II – Address:**

The mailing address and street address of the principal office of the Limited Liability Company are:

a: Mailing Address: 2720 Downer Lane, Billings, MT 59102

b: Street Address: 2720 Downer Lane, Billings, MT 59102

**ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

\_\_\_\_\_  
Lauriane Ciccarelli

Name

\_\_\_\_\_  
317 S. Tennessee Avenue

Florida street address (Post Office Box **NOT** acceptable)

\_\_\_\_\_  
Lakeland, FL 33801

City, State and Zip

18 MAY 15 PM 4:30  
F.D.  
FBI MIAMI, FLORIDA

*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

**ARTICLE IV – Management (Check applicable box)**

\_\_\_\_\_ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager – managed company.

  X   The Limited Liability Company is to be managed by one member or members and is, therefore, member - managed company.

**ARTICLE V –**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**

AMBR

Richard Charles Jensen  
2720 Downer Lane  
Billings, MT 59102

AMBR

Catherine Jo Jensen  
2720 Downer Lane  
Billings, MT 59102

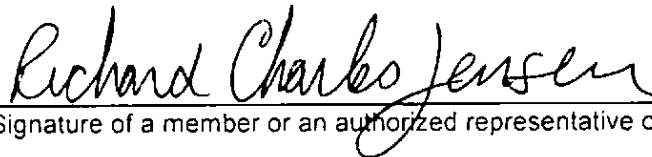
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**ARTICLE VI:** Effective date, if other than the date of filing: \_\_\_\_\_(OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**ARTICLE VI:** Other provisions, if any.

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_



Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

\_\_\_\_\_  
Richard Charles Jensen

Typed or printed name of signee