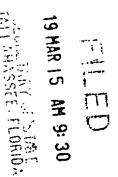
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Kelly Kinney
3491 RUSTC Oak TH
(Address)
Middleburg F1 32068 (City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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N CULLIGAN
MAR 2 5 2019

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liab	inty Company is.			
Kelly Ann Kinney	LLC			
(Must co	ontain the words "Limited	Liability Company, "I	L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street	t address of the principal c	office of the Limited L	iability Company is:	
<u>Princ</u>	ipal Office Address:		Mailing Address:	
3491 Rustic Oak T	rl	3491 F	Rustic Oak Trl	
Middleburg, FL 32	2068	Middle	eburg, FL 32068	
(The Limited Liability Compa another business entity with a The name and the Florida street	n active Florida registratio	on.)	ou must designate an individu	nator 55 TAR TI
				سبہ ۔ حر
	Kelly Kinney	N		15 ASS
	Kelly Kinney	Name		15 15 15
	Kelly Kinney 3491 Rustic Oak Tri			SSEEL E
	3491 Rustic Oak Trl		reptable)	SSEE BY
	3491 Rustic Oak Trl		reptable) 32068	SSEET.

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)

	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Kelly Kinney
	3491 Rustic Oak Trl
	Middleburg, Fl. 32068
	7
	<u> </u>
	<u> </u>
	- 1
	3
	——————————————————————————————————————
(Use attachment if necessary)	
NAME OF THE OWNER OWNER OF THE OWNER OWNE	
	te of filing: (OPTIONAL)
LE V: Effective date, it other than the date	positiound sonnet he made thus the business days suite to an OO days.
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ffective date is listed, the date must be s e of filing.)	
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ffective date is listed, the date must be set of filing.) If the date inserted in this block does not ument's effective date on the Departmen LE VI: Other provisions, if any.	meet the applicable statutory filing requirements, this date will not be list of State's records.

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.

as

Kelly Kinney Typed or printed name of signee

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)