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Certified Copies Certificates of Status Special Instructions to Filing Officer:	
Office Use Only	SECINE FALL ANASSEE, FL
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### COVER LETTER

TO:	New Filing Section
	<b>Division of Corporations</b>

SUBJECT:

Keller Advisory 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:

Erik Keller

Name of Person

Keller Advisory LLC

Firm/Company

4922 Kensington Park Blvd

Address

Orlando, FL 32819

City/State and Zip Code

matmaven@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Erik Keller	_at( 407)	506-5893
Name of Person	Area Code	Daytime Telephone Number

Enclosed is a check for the following amount:

S125.00 Filing Fee	□\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
- C	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy
			(additional copy is enclosed)

<u>Mailing Address</u> New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 <u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

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The name of the Limited Liability Company is:

Keller Advisory LLC

(Must conatin 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 Limited Liability Company is:

Principal Office Address:	<u>Mailing Address</u> :
4922 Kensington Park Blvd	Same
Orlando, FL 32819	

# 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:

Erik Keller		<u> </u>
	Name	
4922 Kensingt	on Park Blvd	
Florida street a	address (P.O. Box <u>NOT</u> ac	(ceptable)
Orlando	FL	32819
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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
MGR	Erik Keller 4922 Kensington Park Blvd Orlando, FL 32819	_
		_
		_
		-

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>01-15-2020</u>. (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.)

<u>Note:</u> If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REOUIRED SIGNATURE:				
Signature of a	member or an auti	norized representati	ive of a member.	
This document is exe	cuted in accordance	with section 605.02	03 (1) (b), Florida	a Statutes.
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