L2000138396

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

Office Use Only

K PAGE

MAY 28 2020



400335815684

11/18/19--01023--601 **130.00





FLORIDA DEPARTMENT OF STATE Division of Corporations

February 12, 2020

JEANNE SILVEY 55 BOCA CHICA RD, LOT 437 KEY WEST, FL 33040

SUBJECT: FLORIDA KEYS SINGLES LLC

Ref. Number: W19000104496

We have received your document for FLORIDA KEYS SINGLES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

pLEASE GIVE ME A CALL AS SOON AS YOU THIS. SOMETHING WEIRD KEEPS HAPPENING AND IM ONLY GETTING HALF OF YOUR DOCUMENTS BACK. THE SAME HALF. 850-245-6293.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II

Letter Number: 120A00003124



January 14, 2020

JEANNE SILVEY 55 BOCA CHICA RD, LOT 437 KEY WEST, FL 33040

SUBJECT: FLORIDA KEYS SINGLES LLC

Ref. Number: W19000104496

We have received your document for FLORIDA KEYS SINGLES LLC and your check(s) totaling \$. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the letters "MGRM" beside the name and address of each managing member and/or the letters "MGR" beside the name and address of each manager listed in the document. We will also accept "Authorized Representative", "Authorized Person", and "Authorized Member".

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Keyna E Page Regulatory Specialist II



Letter Number: 220A00000948

ARTICLES OF ORGANIZATION FOR FLORIDAL INTERPLIABILITY COMPANY

Florida Kegs Sing	JES LLC WILLCOMERCY
TIT - Address: p address and street uddress of the principal office of the Firmi	ed Lumbby Company (-
Principal Office Address:	Mailing Address:
1800 Atlentic Ave ATE	A403 1800 Allantic Ave Significant Fr 38640

ARTIC D. III. Registered Agent, Registered Office, & Registered Agent's Signature: (The Company cannot serve as its own Registered Agent.) You must designate an individual or misther, business enough with an active Florida registration.)

The name and the Elorida street address of the registered agent are

AR HCLE I - Name:

ARTICLE
The mailin

The name of the Limited Elability Company is:

Florida street address (PO Box SOI acceptance)

Key West FL 33640

State Alp

Having high restriction of egitherical operations to accept services of process of a the above stated contest and inter-explain as the place of egitherical operation of the contest of the egitherical operation of the contest of the egitherical operation operation of the egitherical operation operation operation operation operation of the egitherical operation operation

(CONTINUED)

7000 MAY 28 PM 6: 46
SELFI KILLER SELF

	in authorized to manage and control the Limited Liability Company
Title; "AMBR" = Authorized Member	Name and Address:
MGR" - Manager MGR	A gorison Atlantic Splugy A gorison Atlantic Sp
u	
	
(Use attachment if necessary)	
the date of filing.)	date of filing: \\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\\
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	i canal n. I.l.
This document of ex Lam aware that any	a member or an authorized representative of a member. Accused in accordance with section 402.0203 (1) (b), Florida Statutes, false information submitted in a document to the Department of State egree telony as provided for in § 817.155.1.5
EAST MANUAL T & DITTO DE	egree reading as provided for in \$ \$17.79.19 Eq. n.n.e. M. S.1.V.ev./ (MGR) Typed or printed name of signee

Filing Fres: 5125,00 Filing Fee for Articles of Organization and Designation of Registered Agent

ARTICLE IV-

5 30.00 Certified Copy (Optional) 5 5.00 Certificate of Status (Optional)

STALLAHASERET FULL