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Special Instructions to	Filing Officer:	
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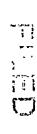




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Million bott, FL



COVER LETTER

TO: New Filing Section Division of Corporations
SUBJECT: L.F. Keystone Grp. U.C. 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:
Rita M Tanguay Name of Person
L.F. Keystone Grp. LLC.
735 Dodecanese Blvd #30
Torpon Sprs, FL 34689 City/State and Zip Code ruhappy 7890 Cyahoo, com
E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call:
Rita Tanguay at (207) 485-5688 Namo of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:

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□\$125.00 Filing Fee

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

\$\$130.00 Filing Fee &

Certificate of Status

Street Address

□\$155.00 Filing Fee &

Certified Copy (additional copy is enclosed)

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

□\$160.00 Filing Fee.

Certificate of Status &

(additional copy is enclosed)

Certified Copy

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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The name of the Limited Liability Company is:

(Must contain 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:	Mailing Address:
735 Dode coneso Blud. #30	E same as

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:

James H Wepplo

Name

135 Pode Carrest Blvd #30

Florida street address (P.O. Box NOT acceptable)

Tarpon Sprs. FC 34689

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)

The name and address of each person a	uthorized to manage and control the Ethnico Mathiny Company.
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Mark C Wepplo 235 Podecaneste 13/14 # 30
MGR	Rita M. Tanguay 135 Dode Cone sy Blue # 30 Tarpon Sprs. + 34689
,	
(If an effective date is listed, the date must be s the date of filing.)	te of tiling:
ARTICLE VI: Other provisions, if any.	
This document is exec I am aware that any fal	nember or an authorized representative of a member. uted in accordance with section 005.0203 (1) (6), Florida Statutes, see information submitted in a document to the Department of State ee felony as provided for in s.817.155, F.S.
Kita	Typed or printed name disignee

Filing Fees:

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

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