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****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: nabil@njlawflorida.com

**FLORIDA LIMITED LIABILITY CO.
KELLEHER TITLE, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
KELLEHER TITLE, LLC**

ARTICLE I – NAME

The name of the limited liability company is Kelleher Title, LLC, ("company").

ARTICLE II – ADDRESS

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

Principal Office Address:

1100 5th Avenue South, Suite 409
Naples, Florida 34102

Mailing Address:

1100 5th Avenue South, Suite 409
Naples, Florida 34102

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

**Kelleher Law, P.A.
1100 5th Avenue South, Suite 408
Naples, Florida 34102**

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.

Kelleher Law, P.A.

patrick j kelleher

patrick j kelleher (Aug 20, 2021 14:34 EDT)

Patrick Kelleher, Esq.

SECRETARY OF STATE
TALLAHASSEE, FL

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

MGR

Patrick Kelleher
1100 5th Avenue South, Suite 409
Naples, Florida 34102

REQUIRED SIGNATURE:

patrick j kelleher

patrick j kelleher (Aug 20, 2021 14:34 EDT)

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

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.

Patrick Kelleher

Typed or printed name of signee

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