122000077777

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	isiness Entity Nam	ne)
(55	omeos Emily Han	,
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

Office Use Only



400380081954

02/08/22--01029--005 **125.00

apybz

COVER LETTER

TO:		ling Section n of Corporat	ons					
SUBJ	ECT:	KEYSS	STAR (OF Name of Lim	η <u>L</u> ited Liabili	ty Company			
The er	nclosed Ar	ticles of Organ	ization and fee(s) are	submitted	for filing.			
Please	return all	correspondenc	e concerning this mat	tter to the f	ollowing:			
			GEORGE	KRU Name of	ZICK Person			_
				F'		<u></u>	<u>.</u>	_
				Firm/Co	mpany			
		28	CACTUS	OR				
				71001	-			
		KE/ L	NEST F C E@KEYSS	itu/State ar	73090			
		(5000	E (A) VEYES	117/31ate at	C 0 14			
		E-mai	address: (to be used	for future	annual report notifica	ition)		_
For fur	ther inforr	nation concern	ing this matter, please	e call:				
		ORGE RA	<u>2021 </u>	305) <u>849 2</u> Daytime Telepho	834 one Number	_	
Enclo	sed is a cl	neck for the fol	lowing amount:					
র্দ্র\$।	25.00 Fili:		\$130.00 Filing Fee & rtificate of Status	Certif	55.00 Filing Fee & Ted Copy nal copy is enclosed)	☐\$160 0 Certificat Certified (additional	e of Statu Copy	ıs &
		Mailing Ad New Filing Division of P.O. Box 6. Tallahassee	Section Corporations 327		Street Address New Filing Section The Centre of Talla 2415 N. Monroe St Tallahassee, FL 32	ahassee treet, Suite 810		2022 FEB - 0 FF

ARTICLE IV-

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

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	GEORGE KRUZICK
_1/6/\	28 CHCTUS DR KEY WEST FL 330YD
	KEY WEST FL 330YO

(Use attachment if necessary)	
,	
ARTICLE V: Effective date, if other than the da	te of filing: (OPTIONAL)
(If an effective date is listed, the date must be s	specific and cannot be more than five business days prior to or 90 days after
the date of filing.)	
	t meet the applicable statutory filing requirements, this date will not be listed a
the document's effective date on the Department	it of State's records.
ARTICLE VI: Other provisions, if any.	
ARTICLE VI. One provisions, it any.	
<u>REOUIRED</u> SIGNATURE:	. /
\mathcal{H}	12 Mbjish
	12 1010
Signature of a/1 This document is aver	member or an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.
I am aware that any fa	Ise information submitted in a document to the Department of State
constitutes a third deg	ree felony as provided for in s.817.155, F.S.
·	
<u> </u>	Typed or printed name of signee
	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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
KEYSSTAR, COM LLC	
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")	

ARTICLE II - Address:

ARTICLE I - Name:

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

Principal Office Address:	Wantie Addi Cos.
28 CACTUS DR	28 CACTUS DR
KFY WEST	KEY WEST
FLORIDA 33040	FLORIDA 33040

Mailing Address

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:

Daimainal Office Addresss

State

6FORGE KRUZICK
Name

28 CACTUS DR
Florida street address (P.O. Box NOT acceptable)

KEY WEST FL 33040

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)

2022 FEB - 0 FH 4: 20