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



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COVER LETTER

| | New Filing Section Division of Corporations | | | | | |
|-----------------------|--|-------------|--|--|--|--|
| | Keep Looking Up LLC | | | | | |
| SUBJEC | Name of Limited Liability Company | | | | | |
| The enck | osed Articles of Organization and fee(s) are submitted for filing. | | | | | |
| Please ret | turn all correspondence concerning this matter to the following: | | | | | |
| | Sally Beth Hoff, Trustee | | | | | |
| K | Name of Person Keep Moving Forward Living Trust Dated March 21, 2 <u>any amendments thereto</u> Firm/Company | 2022 and | | | | |
| | 6648 Delhi Drive | | | | | |
| | Address | | | | | |
| Milton, Florida 32583 | | | | | | |
| | City/State and Zip Code Bethhoff03@icloud.com | | | | | |
| | E-mail address: (to be used for future annual report notification) | | | | | |
| For further | information concerning this matter, please call: | | | | | |
| | Sally Beth Hoff 850 776-3897 | | | | | |
| | Name of Person Area Code Daytime Telephone Number | | | | | |
| Enclosed i | is a check for the following amount: | | | | | |
| DS125.00 | O Filing Fee Status S155.00 Filing Fee Status Certificate of Status Certified Copy Certificate of Certified Copy Certified Cop | of Status & | | | | |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing Section DivisionDivision of CorporationsThe Centre of TallahasseeP.O. Box 63272415 N. Monroe Street, Suite 810Tallahassee, FL 32314Tallahassee, FL 32303 | 202 M2 +5 E | | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| | Keep Loo | oking U | p LLC |
|--|--|--|---|
| (Must contai | n the words "Limited Liab | oility Compa | ny, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street add | ress of the principal office | e of the Limi | ted Liability Company is: |
| <u>Principal</u> | Office Address: | | Mailing Address: |
| 6648 Delhi Drive Milton, FL 32583 | | | 649 Dolhi Drivo Milton El 2259 |
| ARTICLE III - Registered Agen | t. Registered Office. & Fannot serve as its own Reg | | gent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered Agen (The Limited Liability Company of | t. Registered Office. & Rennot serve as its own Regive Florida registration.) | ent are: | gent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | t. Registered Office. & Rennot serve as its own Regive Florida registration.) dress of the registered age | egistered Ager | gent's Signature: nt. You must designate an individual or |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | t. Registered Office. & Rannot serve as its own Regive Florida registration.) dress of the registered age Sall | ent are: y Beth | gent's Signature: nt. You must designate an individual or Hoff |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | t. Registered Office. & Rannot serve as its own Regive Florida registration.) dress of the registered age Sall Na 6648 | tegistered A gistered Ager ent are: y Beth ume | gent's Signature: nt. You must designate an individual or Hoff Drive Lacceptable) |
| ARTICLE III - Registered Agen (The Limited Liability Company canother business entity with an act | t. Registered Office. & Rannot serve as its own Regive Florida registration.) dress of the registered age Sall | tegistered A gistered Ager ent are: y Beth ume | gent's Signature: nt. You must designate an individual or Hoff Drive |

Hav plac 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.,

Solly 1594 Kall
Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

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

| Title: "AMBR" = Authorized Member "MGR" = Manager MGR | Name and Address: Sally Beth Hoff, Trustee of Keep Moving Forward Living Trust dated March 21, 2022 and any amendments thereto |
|---|--|
| | |
| | |
| (Use attachment if necessary) | |
| If an effective date is listed, the date must be spo he date of filing.) | of filing: . (OPTIONAL) reflice and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as of State's records. |
| ARTICLE VI: Other provisions, if any, | |
| This document is executed any false | mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |
| Sally Beth Hoff, Trustee of Keep Moving Fe | orward Living Trust dated March 21, 2022 and any amendments theret |

Sally Beth Hoff, Trustee of Keep Moving Forward Living Trust dated March 21, 2022 and any amendments thereto

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)

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