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Certified Copies	Certificates	of Status
Special Instructions to Filing Officer:		

Office Use Only



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COVER LETTER

TO: New Filing Sec Division of Co				
SUBJECT: Keld Fai Construction 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:				
Michael D Brown Name of Person				
Keld Kai Construction				
284 Gladerand Havena FL				
Harona FL 32333 City/State and Zip Code				
E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:				
Midnel D Brun at (850) 80-328-9478 Name of Person Area Code Daytime Telephone Number				
Enclosed is a check for the		Suyume retephor	e, willber	
□S125.00 Filing Fee	□\$130.00 Filing Fee &	☐\$155.00 Filing Fee &	□5160.00 Filing Foo	
	Certificate of Status	Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
Mailin	v Address	Stroot Addross		

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
(Must contain the words "Limited Liability Co	ruction LLC
ARTICLE II - Address: The mailing address and street address of the principal office of the	
Principal Office Address:	Mailing Address:
Havaria Fl 52353	Havena FL. 32333
ARTICLE III - Registered Agent, Registered Office, & Register The Limited Liability Company cannot serve as its own Registered nother business entity with an active Florida registration.)	ed Agent's Signature: Agent. You must designate an individual or
he name and the Florida street address of the registered agent are:	2
	Mahorens Brown

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

iname

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)

10380 28 ANII.

(CONTINUED)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: "AMBR" = Authorized Member "MGR" = Manager MGR AMBE (Use attachment if necessary) _____. (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:

Signature of a member of 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.

sour

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)