

L24000419305

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

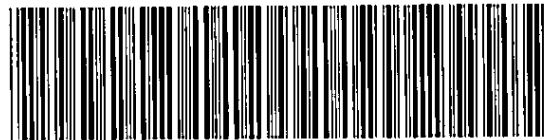
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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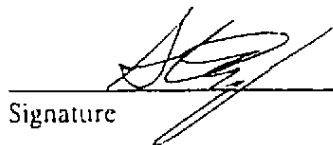
CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KEY UNITED, LLC

Please Debit FCA0000000003 For: 125

Thank you Seth Neeley


Signature

Requested by:

Name _____ Date _____ Time _____

Walk-In _____ Will Pick Up _____

171 Ponder's Printing • Tallahassee, FL 32301

Art of Inc. File _____
LTD Partnership File _____
Foreign Corp. File _____
L.C. File _____
Fictitious Name File _____
Trade/Service Mark _____
Merger File _____
Art. of Amend. File _____
RA Resignation _____
Dissolution / Withdrawal _____
Annual Report / Reinstatement _____
Cert. Copy _____
Photo Copy _____
Certificate of Good Standing _____
Certificate of Status _____
Certificate of Fictitious Name _____
Corp Record Search _____
Officer Search _____
Fictitious Search _____
Fictitious Owner Search _____
Vehicle Search _____
Driving Record _____
UCC 1 or 3 File _____
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UCC 11 Retrieval _____
Courier _____

2024 OCT -3 PM 9:47

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: KEY UNITED, LLC
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:

MELISA ELLIOTT
Name of Person
WOLFE FINANCIAL MANAGEMENT
Firm/Company
1515 INTERNATIONAL PKWY STE. 1025
Address
LAKE MARY, FL 32746
City/State and Zip Code
rob@keynetworks.com
E-mail address: (to be used for future annual report notification)

2024 OCT -3 PM 9:47

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For further information concerning this matter, please call:

MELISA ELLIOTT at (407) 586-3000
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee
☐ \$130.00 Filing Fee & Certificate of Status
☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEY UNITED, LLC

(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:

1315 S. INTERNATIONAL PKWY

SUITE 1131

LAKE MARY, FL 32746

Mailing Address:

1315 S. INTERNATIONAL PKWY

SUITE 1131

LAKE MARY, FL 32746

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:

WOLFE FINANCIAL MANAGEMENT

Name

1515 INTERNATIONAL PKWY STE. 1025

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

LAKE MARY

FL

32746

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.

/S/ MEGAN WOLFE

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

AMBR

MGR

MGR

Name and Address:

KEY NETWORKS, LLC

1315 S. INTERNATIONAL PKWY, STE. 1131

LAKE MARY, FL 32746

USRN13, LLC

230 PARK AVENUE, SUITE 1545

NEW YORK, NEW YORK 10169

ROBERT KOBLASZ

1315 S. INTERNATIONAL PKWY, STE. 1131

LAKE MARY, FL 32746

SPENCER BROWN

230 PARK AVENUE, SUITE 1545

NEW YORK, NEW YORK 10169

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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:

/S/ ROBERT KOBLASZ

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.

ROBERT KOBLASZ

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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