

L98000000038

TRANSMITTAL LETTER
FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

SUBJECT:

Keypad Concepts, L.C.
(Proposed limited liability company name - must include suffix)

900002391629--0

-01/06/98 -01093--003

****285.00 ****285.00

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$250.00 Filing fee for Articles of Organization and Affidavit

\$ 35.00 Designation of Registered Agent

A letter of acknowledgment will be issued free of charge upon filing. Please submit an additional \$8.75 if a certificate of status is needed. The fee for a certified copy is \$52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

FROM:

Keypad Concepts, L.C.
Name (Printed or typed)

6308 Panther Lane, R-3
Address

Fort Myers, FL 33919
City, State & Zip

941-267-2297
Daytime Telephone number

Name	1-12
Availability	
Document Examiner	
Updater	
Updater Verifier	
Acknowledgment	
W. R. Verifier	

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY
COMPANY**

ARTICLE I - Name:

The name of the Limited Liability Company is:

Keypad Concepts, L.L.C.

ARTICLE II - Address:

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

Mailing: P.O. Box 07434, Fort Myers, FL 33919
Address: 6308 Panther Lane, #3, Fort Myers, FL 33919

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be:

Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☐ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

FILED
JAN - 6 PM 4:30
CLERK OF STATE
TALLAHASSEE, FLORIDA

- ☒ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

Stephen Apter
P.O. Box 07434
Fort Myers, FL 33919
Robert David Williams
P.O. Box 07434
Fort Myers, FL 33919

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

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JAN 10 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

NOTE: If no provisions are to be made in Article V and VI remove this page before submitting for filing with the Department of State.

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

Keypad Concepts, L.C. deposes and says:

1) the above named limited liability company has at least two members

2) the total amount of cash contributed by the member(s) is \$ 1,000.00.

3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is \$ 0.

5) the total amounts of 2, 3 and 4 is \$ 1,000.00

[Signature]

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

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OF JAN -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

Keypad Concepts
L.C.

2. The name and address of the registered agent and office is:

Karen A. Olson
(NAME)

8270-201 College Parkway
(P. O. Box NOT ACCEPTABLE)

Fort Myers, FL 33919
(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.

Karen A. Olson
(SIGNATURE)

10-11-97
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

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59 JAN -6 PM 4:30
SECRETARY OF STATE
TALLAHASSEE, FLORIDA