# 5798 Rivori DRIVE MACEN GA 31210 91247416134 City/State/Zip 1 Phone # Office Use Only CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1. Key WEST BUSINESS SERVICES, LLC (Corporation Name) (Document #) (Corporation Name) (Document #) 3. (Corporation Name) (Document #) (Corporation Name) (Document #) Pick up time Certified Copy Certificate of Statut Photocopy Mail out ₩ill wait NEW FILINGS AMENDMENTS Profit Amendment NonProfit Resignation of R.A., Officer/Director Change of Registered Agent Limited Liability Dissolution/Withdrawal Domestication Merger Other REGISTRATION/ OTHER FILINGS QUALIFICATION Annual Report \*\*\*\*155.00 \*\*\*\*155.00 Foreign Fictitious Name Limited Partnership Name Reservation Reinstatement Trademark Other Examiner's Initials

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I - Name:**

The name of the Limited Liability Company is:

KEY WEST BUSINESS SERVICES LLC

### **ARTICLE II - Address:**

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

2011 FLAGLER AVENUE KEY WEST, FLORIDA 33040

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

JAMES O. TayLOR Name 2011 FLAGLER AVENUE Florida street address (P.O. Box NOT acceptable)

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 608, F.S..

## Article IV - Management (Check box if applicable.)

▼ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution

of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

#### FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization

25.00 Designation of Registered Agent

30.00 Certified Copy (OPTIONAL)

5.00 Certificate of Status (OPTIONAL)