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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STATE DIVISION OF CORPORATION

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SECRETARY OF STATE

COVER LETTER

TO:	Registration Se Division of Co			•
SUBJI	ECT:		INE, LLC	in the state of th
		(Name of Limited	d Liability Company)	
The en	closed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please	return all corresp	ondence concerning this matte	r to the following:	
		Kurt B.		,
		(1	Name of Person)	
		K&J D	DIVINE, LLC	
		(Firm/Company)	
·		718 S\	N 3rd Street	
			(Address)	
		Dania Bead	h, FL 33004	
			/State and Zip Code)	
For fur	ther information	concerning this matter, please	call:	
Eula	Nelson		at (954) 309-428	0 Cell
	(Name	of Person)	(Area Code & Daytime T	'elephone Number)
Enclos	sed is a check fo	or the following amount:		
 \$12 5	5.00 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 Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
K & J DIVINE, LLC (Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the print	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
718 SW 3rd Street Dania Beach, FL 33004 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)	
The name and the Florida street address of the re-	: 9 2
Eula Nelson d/b/a CDC Cor Name	nsulting Firm OFA
4699 North SR 7,	<u> </u>
Florida street addre Tamarac City, State, an	ess (P.O. Box NOT acceptable) FL 33004 d Zip
	scept service of process for the above stated limited is 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

"MGR" = Manager "MGRM" = Managing Member	Name and Address:
"MGRM" = Managing Member	
1110111 1111111 B.1.10 1111111	
MGR	KURT PUGHSLEY
<u> </u>	718 SW 3rd ST
	Dania Bch, FL 33004
MGRM	JACKIE PUGHSLEY
	718 SW 3rd ST
	Dania Bch, FL 33004
(Use attachment if necessary)	· ·
(Use attachment if necessary)	
	ne date of filing: (OPTION
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LE V: Effective date, if other than the fective date is listed, the date must days after the date of filing.) REQUIRED SIGNATURE: Signature of a memily of this document conthat the facts stated	be specific and cannot be more than five business dependence of an authorized representative of a member. Section 608.408(3), Florida Statutes, the execution astitutes an affirmation under the penalties of perjury

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)