

L00000000855



The Tax Relief Co.

4055 Faber Place Drive Suite 214  
North Charleston, SC 29405  
Phone: (843) 566-9216 Fax: (843) 566-9576

W-969

December 31, 1999

Secretary of State  
P.O. Box 6327  
Tallahassee, FL 32314

600003082266--4  
-01/07/00-01096-016  
\*\*\*\*125.00 \*\*\*\*125.00

RE: LLC Formation

Dear Sir,

Enclosed for filing please find an original and one (1) copy of the Articles of Organization in reference to the above-captioned matter. Please file and return the stamped copy back to me in the envelope provided. Also enclosed is a check in the amount of \$125 to cover the filing fees of the Articles.

If you have any questions or comments concerning this or any other matter, please do not hesitate to contact me at 1-843-566-9216.

Sincerely,

*Patricia Welling*

Patricia Welling, CSR

FILED  
00 JAN 24 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

L00-855  
BA 1/24



FLORIDA DEPARTMENT OF STATE  
Katherine Harris  
Secretary of State

January 12, 2000

PATRICIA WELLING, CSR  
THE TAX RELIEF CO.  
4055 FABER PLACE DRIVE, SUITE 214  
NORTH CHARLESTON, SC 29405

SUBJECT: KION INC., LLC  
Ref. Number: W00000000969

We have received your document for KION INC., LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6967.

Michelle Hodges  
Document Specialist

Letter Number: 100A00001698

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00 JAN 24 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA



**The Tax Relief Co.**

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4055 Faber Place Drive Suite 214  
North Charleston, SC 29405  
Phone: (843) 566-9216 Fax: (843) 566-9576

January 20, 2000

Michelle Hodges  
Document Specialist  
Florida Department of State  
Division of Corporations  
P.O. Box 6327 Tallahassee,  
FL. 32314

RE: LLC Formation

Dear Mrs. Hodges:

Enclosed is our amended document for filing along with a copy of your letter to us.  
Please file and return the stamped copy back to me.

If you have any questions or comments concerning this or any other matter, please do not  
hesitate to contact me at 1-843-566-9216 ext. 17.

Sincerely,

Patricia Welling, CSR

FILED  
00 JAN 24 PM 2: 57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I – Name**

The name of the Limited Liability Company is: **Kion, LLC**

**ARTICLE II – Address**

The mailing address and street address of the principal office of the Limited Liability Company is: 8004 Hibiscus, Tampa, Florida 33637

**ARTICLE III – Registered Agent, Registered Office, and Registered Agent’s Signature:**

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

Sharon Kay Lewis  
Name

8004 Hibiscus Dr.  
Florida street address (P.O. Box **NOT** acceptable)

Tampa, Florida 33637  
City, State, Zip

FILED  
00 JAN 24 PM 2:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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.*

Sharon Kay Lewis  
Registered Agent’s Signature

**ARTICLE IV – Management (Check box if applicable.)**

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

**ARTICLE V – Effective Date**

The effective date for the establishment of this limited liability company is:

Sharon Kay Lewis

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.)

Sharon Kay Lewis

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)

FILED  
00 JAN 24 PM 2:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA