

LO10000018447

ACCOUNT NUMBER CODE SHEET

ACCOUNT NUMBER: PCA 000000005

REFERENCE: 200 127759
(Sub Account)

DATE: 10-25

REQUESTOR NAME: Lexis Document Services

ADDRESS:

RECEIVED
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

01 OCT 25 AM 11:55

TELEPHONE: () () - () ext ()

CONTACT NAME:

CORPORATION NAME: KBC Investpro, LLC

DOCUMENT NUMBER:
(if applicable)

01 OCT 25 PM 12:22
RECEIVED
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

AUTHORIZATION:

Gothia S. Woodyard

125

CERTIFIED COPY (1-9)
 CERTIFICATE OF STATUS (1-9)
 PLAIN STAMPED COPY

Call When Ready Call if problem
 Walk In Walk Half
 Mail Out After 4:00
 Pick Up

700004653137--5

88501

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:
KBC INVESTPRO, LLC

ORIGINAL**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:
4660 A1A Highway South, Melbourne Beach, FL 32951-3815

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

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

Kevin Chapin

Name
4660 A1A Highway South

Florida street address (P.O. Box NOT acceptable)
Melbourne Beach FL 32951-3815

City, State, and 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 608, F.S.

X Kevin Chapin

Registered Agent's Signature

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)

X Kevin Chapin

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

(In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

KEVIN CHAPIN

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)

01 OCT 25 2012 22

APPROVED
AND
FILED
FLORIDA
DEPARTMENT
OF STATE
REGISTRATION
DIVISION