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### Florida Department of State

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.

Account Number: 120010000247

Phone : (305)673-0347 Fax Number : (305)532-0738

#### LIMITED LIABILITY COMPANY

K & M VENTURES, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

What

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# ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608,F.S.

NAME ARTICLE

The name of the Limited Liability Company is:

K & M VENTURES, LLC

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

131 HIBISCUS DRIVE

PUNTA GORDA, FL 33950

#### REGISTERED AGENT, REGISTERED OFFICE & ARTICLE III REIGSTERED AGENT SIGNATURE

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

GARY R. KLINE

131 HIBISCUS DRIVE

PUNTA GORDA, FL 33950

Having been named as registered agent 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.

Registered Agent's Signature

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by the members .

## ARTICLE V MEMBERS (optional)

Managing Member:

GARY R. KLINE

131 HIBISCUS DRIVE

PUNTA GORDA, FL 33950

Managing Member :

JANICE M. MURPHY

131 HIBISCUS DRIVE

PUNTA GORDA, FL 33950

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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.

GARY R. KLINE

Typed or printed name of signee