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(Requesto	r's Name)
(Address)	
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(City/State	Zip/Phone #)
	,
PICK-UP	WAIT MAIL
(Business	Entity Name)
(Document	Number)
	or a told
Certified Copies C	entificates of Status
	
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TRANSMITTAL LETTER

SUBJECT: KDA Property Investment LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey Madison (Name of Person) KDA Property Investment LLC
(Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Jeffrey Madison (Name of Person) KDA Property Investment LLC
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Jeffrey Madison (Name of Person) KDA Property Investment LLC
(Name of Person) KDA Property Investment LLC
KDA Property Investment LLC
citati Ined
(Finn/Company)
3524 Moon Bay Circle
West Palm Beach, Florida, 33414 West Palm Beach, Florida, 33414
West Palm Beach, Florida, 33414
(City/State and Zin Code)
For further information concerning this matter, please call:

D. Michelle Madison at (561) 632 1227

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

TO:

Registration Section

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORID<u>A LIMITED LIABILITY COMPAN</u>Y

ARTICLE I - Name:							
The name of the Limited Lia	ability Compar	ny is:					
KDA Property Investment LI	LC	····		 	· .		
ARTICLE II - Address: The mailing address and stre	et address of	the principal o	office o	f the Limite	ed Liabilit	у Сотр	any is
Principal Office Address:			<u>Maili</u>	ng Address	<u>s:</u>		
3524 Moon Bay Circle			3524	Moon Bay Ci	ircle		
West Palm Beach, FI 33414			West 1	Palm Beach,	FI 33414		·····
		_ 					
ARTICLE III - Registered The name and the Florida st	Agent, Regis	stered Office, f the registered	& Reg	pistered Age are:	ent's SASSE	V24	
Jeffrey N	Iadison			e e e		2 3	
		Name			200	સ સ	U
3524 Mo	on Bay Circle				Ã,	, 8	
Fle	orida street addre	ess (P.O. Box <u>NO</u>	T accep	itable)	>		
West Pa	lm Beach	FLC State, and Zip	RIDA	33414			
	City,	nam' am th					

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, Florida Statutes..

Page 1 of 2 (CONTINUED)

stered Agent's Signature

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

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

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	
MGR	Jeffrey Madison	
	3524 Moon Bay Circle	
	West Palm Beach, Fl 33414	
MGR	D. Michelle Madison	
	3524 Moon Bay Circle	,,
	West Palm Beach, Fl 33414	
	\ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \ \	
The state of the s	ASE 03	
	<u>></u>	
(Use attachment if necessary)	NOV 24 PH	
NOTE: An additional article must be	added if an effective date is requested. ယ)
REQUIRED SIGNATURE:	Madian	
(In accordance with section 608.4	thorized representative of a member. 408(3), Florida Statutes, the execution firmation under the penalties of perjury e.)	
Jeffrey Madison Typed or prir	nted name of signee	

Page 2 of 2

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)