

L04000024405

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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2004 MAR 19 PM 3:50  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KatKen 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:

Kathlene B. Aydt

(Name of Person)

KatKen LLC

(Firm/Company)

17221 Angelfish Lane

(Address)

Sugarloaf Key, Florida 33042

(City/State and Zip Code)

For further information concerning this matter, please call:

Kathlene Aydt

(Name of Person)

at ( 305 ) 744-4454

(Area Code & Daytime Telephone Number)

### STREET ADDRESS:

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

### MAILING ADDRESS:

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

FILED  
2004 MAR 19 PM 3:50  
JULIA H. HARRIS, CLERK  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

FILED  
2004 MAR 19 PM 3:50  
CLERK OF CIRCUIT COURT  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KatKen LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

17221 Angelfish Lane

Sugarloaf Key, Florida 33042

**Mailing Address:**

17221 Angelfish Lane

Sugarloaf Key, Florida 33042

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

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

Kathlene B. Aydt

Name

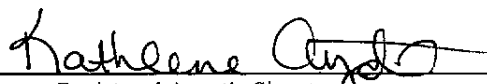
17221 Angelfish Lane

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

Sugarloaf Key, Florida 33042 FLORIDA

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, Florida Statutes..*

  
Registered Agent's Signature

FILED  
2009 MAR 19 PM 3:50  
JULIA M. SUBUDATIONS  
TALLAHASSEE, FLORIDA

**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:**

MGRM

Kathlene B. Aydt

17221 Angelfish Lane

Sugarloaf Key, Florida 33042

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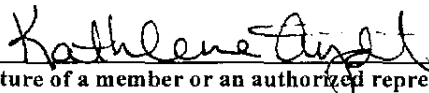
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\_\_\_\_\_

(Use attachment if necessary)

**NOTE: An additional article must be added if an effective date is requested.**

**REQUIRED SIGNATURE:**

  
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.)

Kathlene B. Aydt

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)