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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

J. BRYAN AUG - 3 2004

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** K & K AND ASSOCIATES L.L.C.  
(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:

MICHAEL G. KNETTEL  
(Name of Person)

\_\_\_\_\_  
(Firm/Company)

5100 28TH AVE SOUTH  
(Address)

GULFPORT FLORIDA 33707  
(City/State and Zip Code)

For further information concerning this matter, please call:

MICHAEL KNETTEL at ( 727 ) 686 1155  
(Name of Person) (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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

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

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

K & K AND ASSOCIATES L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

MICHAEL G. KNETTEL

5100 28TH AVE SOUTH

GULFPORT FLORIDA 33707

**Mailing Address:**

MICHAEL G. KNETTEL

5100 28TH AVE SOUTH

GULFPORT FLORIDA 33707

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

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

MICHAEL G. KNETTEL

Name

5100 28TH AVE SOUTH

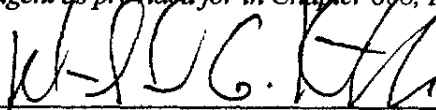
Florida street address (P.O. Box NOT acceptable)

GULFPORT

FLORIDA 33707

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

**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

MICHAEL G. KNETTEL  
5100 28TH AVE SOUTH  
GULFPORT FLORIDA 33707

MGRM

DEVIN K. KNUTH  
2301 1ST STREET UNIT A  
INDIAN ROCKS BEACH FLORIDA 33785

(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.)

Michael G. KneTTeL  
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)

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TALLAHASSEE, FLORIDA