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(Requestor's Name)

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(City/State/Zip/Phone #)

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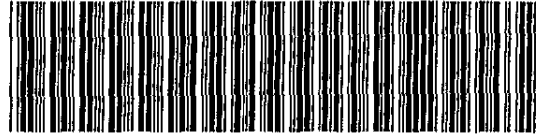
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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TALLAHASSEE, FLORIDA

**JACK D. HENDREN, ESQ.**

**Attorney at Law**

**1015-B So. Florida Avenue  
Rockledge, FL 32955**

Telephone: (321) 631-7100

Facsimile: (321) 631-6008

November 22, 2004

FILED  
04 NOV 29 AM 8:55  
STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Attn: Registration Section  
406 E. Gaines Street  
Tallahassee, FL 32399

Re: K & T ENTERTAINMENT, LLC

Dear Sirs:

Enclosed please find the original and one copy of the Articles of Organization of K & T ENTERTAINMENT, LLC. Also enclosed is check in the amount of \$155.00 to cover the following charges:

Filing fee	\$ 100.00
Certificate of Status	30.00
Designation of Registered Agent	25.00

Please return a certified copy of the Articles of Organization at your earliest opportunity.

Yours very truly,

  
Jack D. Hendren

**ARTICLES OF ORGANIZATION  
OF  
K & T ENTERTAINMENT, LLC**

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

**ARTICLE I - NAME**

The name of the limited liability company ("Limited Liability Company") is

**K & T ENTERTAINMENT, LLC**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is: 1015-B So. Florida Avenue, Rockledge, FL 32955.

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE  
AND REGISTERED AGENT'S SIGNATURE**

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

**JACK D. HENDREN, ESQ.  
1015-B So. Florida Avenue  
Rockledge, FL 32955**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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.

  
**Jack D. Hendren, Registered Agent**

**ARTICLE IV - MANAGEMENT**

The Limited Liability Company is to be managed by a manager, and the name and address of the initial manager who is to serve as manager pursuant to the Regulations of the Limited Liability Company ("Manager") until a successor or successors are elected is:

**KIM HALEY  
1015-B So. Florida Avenue  
Rockledge, FL 32955**

The initial manager and all subsequent managers shall serve, be removed, and elected pursuant to the Regulations of the Limited Liability Company.

#### ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

Additional Members will be admitted only upon the consent of the Members owning a majority of the Membership Units upon such terms as provided in the Regulations.

#### ARTICLE VI - MEMBERS' RIGHTS TO CONTINUE BUSINESS

The remaining Members of the Limited Liability Company shall have the right to continue the business on the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member of the occurrence of any other event which terminates the continue membership of a member in the Limited Liability Company.

IN WITNESS WHEREOF, I have signed these Articles of Organization and acknowledged them to be my act this \_\_\_\_\_ day of November, 2004.

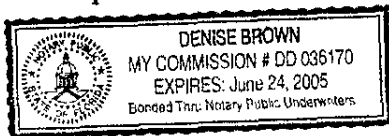
  
KIM HALEY, Manager

STATE OF FLORIDA

COUNTY OF BREVARD

BEFORE ME, the undersigned authority, personally appeared the Manager, **KIM HALEY**, who was sworn and said that the allegations in the foregoing Articles of Organization are true, and who furnished the following proof of identification: Personally known/\_\_\_\_\_ Driver's License No. H4400-512-83-794-0  
SWORN TO before me this November 22, 2004.

  
NOTARY PUBLIC, STATE OF FLORIDA  
My Commission Expires:



04 NOV 29 AM 8:57  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE