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(Requestor's Name)
(Address)
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(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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EFFECTIVE DATE

FILED)5FEB 18 PH 3: 2

\$1200

TRANSMITTAL LETTER

	ET ADDRESS:		MAILING A Registration S	DDRESS:	•	
Enclosed is a check for \$125.00 Filing Fee	or the following amount: ☐ \$130.00 Filing Fee & Certificate of Status	Certified C	Filing Fee & opy py is enclosed)	\$160.00 Filing Certificate of Statu Certified Copy (additional copy is enc	ıs &	
·	of Person)	(Area C	Jode & Daytime I	elephone Number)		
Mark L. Chamlis		at (850	567-6767		ထ	
tot intalet intottimion	concerning uns matter, please	vest.		Albasica i Lordo	છ 2	
For further information	concerning this matter, please	call:		; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ; ;	25	<u> </u>
	(City	State and Zip C	ode)		81	
Tallai	nassee, Florida 32312	, <u></u>		SEC.AIS	05 FEB 18 PH 3: 28	-
		(Address)	 			
434 Meado	w Ridge Dr					
1, 0, 1, 1, 0, 3, 1, 1, 0	(Firm/Company)				
K & M Energy LLC						
	V	,	,			
Mark L. C		Name of Person)	1	 		
Please return an corresp	ondence concerning this matte	si to the lonow	mg.			
	ondence concerning this matte		_			
The analogad Articles of	f Organization and fee(s) are s	ubmitted for fi	lina			
	(Name of Limite	d Liability Cor	mpany)			
SUBJECT: K&ME	nergy LLC					
Division of Co						
IU: Registration Se	Cuon					

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:	
K & M Energy LLC		
ARTICLE II - Address: The mailing address and street address of the p	rincipal office of the Limited Li	iability Company is:
Principal Office Address:	Mailing Address:	
434 Meadow Ridge Dr	P.O. Box 15277	
Tallahassee, Florida 32312	Tallahassee, Florida 32312-527	7
The name and the Florida street address of the Mark L. Chamlis Name		21200
434 Meadow Ridge Dr		
Florida street ad	dress (P.O. Box NOT acceptable)	
Tallahassee, Florida 32312	FL	
City, State, Having been named as registered agent and to liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete po- accept the obligations of my position as regi	accept service of process for the this certificate, I hereby accept the ty. I further agree to comply with erformance of my duties, and I an	ne appointment as n the provisions of all n familiar with and
Registered Agent' (CONTIN	UED)	FILED 05 FEB 18 PH 3: 28 TALLAHASSEF, TLONIDA

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Mark L. Chamlis
	434 Meadow Ridge Dr
	Tallahassee, Florida 32312
MGRM	Karen C. Chamlis
	434 Meadow Ridge Dr
	Tallahassee, Florida 32312
MGRM	Bob Smith
	5112 Wild Rose Way
	Tallahassee, Florida 32312
James L. Dice MG-RM	James L. Dice
	5520 Ira L Smith Rd.
	Greenville, Florida 32331
(Use attachment if necessary) NOTE: An additional article mus	st be added if an effective date is requested. Effective 2-12-05 991 L.C.
REQUIRED SIGNATURE:	Effective 2-12-05 m.J.C
m	1416
Signature of a mem	ber or an authorized representative of a member.
	section 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury I herein are true.)
Mark L. Chamlis	
7	typed or printed name of ciones

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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