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## TRANSMITTAL LETTER

		tration Section ion of Corporations		
	SUBJECT: _	KH&CInve		
		(Name of Limited	d Liability Company)	
	The enclosed A	Articles of Organization and fe	e(s) are submitted for filing.	
	Please return a	Il correspondence concerning	this matter to the following:	
		Albert A. San		
		4)	Name of Person)	
		Gibraltar Hon	nes, LLC	
			Firm/Company)	<del></del>
				SE SA
		1133 Fourth S	treet, Suite 302	
			(Address)	-5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -5 -
		Sarasota, FL 3	14236	FILED  5 MAY -5 AM II: 50  ALLAMASSEE, FLORIDA
	·		State and Zip Code)	
	For further info	rmation concerning this matte	r, please call:	ADA 1TE
	Alber (Name of Person	rt A. Sanchez, Jr.	at(941) 366-1442 (Area Code & Daytime Telephone	Number)
Enclos	ed is a check fo	or the following amount:		
\$12	5.00 Filing Fee	2 \$130.00 Filing Fee & Certificate of Status	X \$155.00 Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		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 Talkabassee Florida 32314	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Co	ompany is:	
KH&CINVES	STMENTS, LLC	
ARTICLE II - Address: The mailing address and street address Liability Company is:	ss of the principal office of the l	Limited
Principal Office Address:	<b>Mailing Address:</b>	
1133 Fourth Street Suite 302 Sarasota, FL 34236		
ARTICLE III - Registered Agent,	Registered Office, & Register	ed Agent's
The name and the Florida street addressed Albert A. Sanche		FIL 05 HAY -5 SECKE 17-35 TALLAHASS
(Name)	<u> </u>	
1122 Farmal Sam	ant Smita 202	<b>元</b> 。
Florida street address (P.O. Box		— XXX 50
Sarasota, FL 342 City, State,		<del></del>
	ny at the place designated in this registered agent and agree to with the provisions of all statutnee of my duties, and I am famil	is certificate, I act in this es relating to liar with and
Registered	Agont's Signature	

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

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

Title:	Name and Address:				
"MGR" = Manager "MGRM" = Managing Member					
Albert A. Sanchez, Jr., Mgr.	1133 Fourth Street, Suite 302 Sarasota, FL 34236				
Carolyn E. Sanchez, Mgr.	1133 Fourth Street, Suite 302 Sarasota, FL 34236				
Kate Sanchez, Mgrm.	1133 Fourth Street, Suite 302 Sarasota, FL 34236				
Harrison Sanchez, Mgrm.	1133 Fourth Street, Suite 302 Sarasota, FL 34236				
Colin Sanchez, Mgrm.	1133 Fourth Street, Suite 302 Sarasota, FL 34236				
REQUIRED SIGNATURE:  Signature of a member or an atthrize  (In accordance with section 608.408(3), of this document constitutes an affirmation that the facts stated herein are true.)	d representative of a member.  Florida Statutes, the execution				
Hlbert H. DANchez TR. Typed or printed name of signee					
"There or hymnes manie of rightee					

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)