

**L05000049950**

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H05000127011 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To: Division of Corporations  
Fax Number : (850) 205-0383

From: Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED  
05 MAY 19 AM 11:16  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**KTO Investments LLC**

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

FILED  
05 MAY 19 AM 8:57  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing

Public Access Help

5/20/05

ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **KTO Investments LLC**

## ARTICLE II - Address

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

Principal Office Address:Mailing Address:108 Pinegrove Drive108 Pinegrove DriveVenice, FL 34285Venice, FL 34285

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

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

Tracey O'Toole- Name108 Pinegrove Drive(P.O. Box or Mail Drop Box NOT Acceptable)Venice, FL 34285(City / State / Zip)

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

05 MAY 19 AM 8:57

FILED

*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.*



Registered Agent's Signature - Tracey O'Toole

**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

MGRMKevin O'Toole- 108 Pinegrove Drive, Venice, FL 34285MGRMTracey O'Toole- 108 Pinegrove Drive, Venice, FL 34285

(Use attachment if necessary)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or 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. )

Tracey O'Toole

Typed or printed name of signee

FILED  
 05 MAY 19 AM 8:57  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA