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SECRETARY OF STATE

## TRANSMITTAL LETTER

. 14			
TO: Registration Section Division of Corporations			
SUBJECT: K & M's Finish Line, LLC			
(Name of Limited I	Liability Company)		
The enclosed Articles of Organization and fee(s) are sub-	mitted for filing.		
Please return all correspondence concerning this matter t	o the following:		
David W. Kohn			
	ne of Person)	<del></del>	
K & M's Finish Line, LLC			
	m/Company)	<del> </del>	
5520 20th Street West			
	(Address)		
Bradenton, FL 34207-3205			
(City/Sta	ate and Zip Code)		
For further information concerning this matter, please cal	U:		
David W. Kohn	(941 ) 812-1421		
(Name of Person)	(941 ) 812-1421 (Area Code & Daytime Tel	ephone Number)	
Enclosed is a check for the following amount:			
Certificate of Status	□ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Satus Certified Company (additional converse enclosed)	
STREET ADDRESS:	MAILING AD	DRESS. MC	m
Registration Section	Registration Se		
Division of Corporations 409 E. Gaines Street	Division of Cor P.O. Box 6327	30.2	
Tallahassee, Florida 32399	Tallahassee, Flo		

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
K & M's Finish Line, LLC	
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
5520 20th Street West	5520 20th Street West
Bradenton, FL 34207-3205	Bradenton, FL 34207-3205
The name and the Florida street address of the re  David W. Kohn  Name	·
5520 20th Street West	
	ress (P.O. Box <u>NOT</u> acceptable)
Bradenton, FL 34207-3205 City, State, a	FL nd Zip
Having been named as registered agent and to a liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as a. I further agree to comply with the provisions of all reformance of my duties, and I are familian with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)

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:	
MGRM	David W. Kohn	
= .	5520 20th Street West	
	Bradenton, FL 34207-3205	
MGRM	Carmen Murphy	
<u> </u>	5519 20th Street West, Apt B	
	Bradenton, FL 34207	
	·	
	<u> </u>	
(Use attachment if necessary)		
NOTE: An additional article must be	added if an effective date is requested.	
REQUIRED SIGNATURE:	an authorized representative of a member.	
	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury n are true.)	
David W. Kohn, LLC Me	or printed name of signee	mografi
Filipg Fees:	JUN AHA	
\$125.00 Filing Fee for Articles of Organiza of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	JUN - 6 A 8: AHASSEE, FLOR	