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DIVISION OF CORPORATION

To:

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From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

jm

LIMITED LIABILITY COMPANY

k & m financing llc

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|-----------------------|----------|
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Article I - Name of Limited Liability Company: **K & M FINANCING LLC**

Article II- Mailing Address & Street Address of Limited Liability Company:

Address: **3624 LONE PINE ROAD**City, State & Zip: **DELRAY BEACH, FL 33445**

Article III- Registered Agents Name, Office Address, & Registered Agent's Signature:

Name

KEVIN FINNERAN

Address (P.O. box NOT Acceptable)

3624 LONE PINE ROAD

City, State, Zip

DELRAY BEACH, FL 33445

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 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 positions as registered agent as provided for in Chapter 608, F.S..

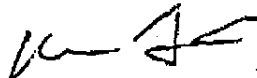

 Registered Agent's Signature

Date: 6/20/05

Article IV - Management (Check box If applicable.)

- ☐ The Limited Liability Company is to be managed by one manager or managers and is, therefore, a manager -managed company. Specify name & address(es)

1. **KEVIN FINNERAN , 3624 LONE PINE ROAD, DELRAY BEACH, FL 33445**



Signature of a member or an 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.

KEVIN FINNERAN

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