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(R	Requestor's Name)
//	VIII TO THE REPORT OF THE PARTY
(A	Address)
(A	Address)
(0	City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
(B	Business Entity Name)
(D	Document Number)
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Certified Copies	Certificates of Status
Special Instructions to	o Filing Officer:
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SECRETARY OF STATE

TRANSMITTAL LETTER

TO: Registration S Division of C				
SUBJECT:	Katemand	, LLC		
50D0EC**		d Liability Company)	·	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.		
Please return all corre	spondence concerning this matte	er to the following:		
	Kurt H. F			
	0	Name of Person)	<u></u>	
	(Firm/Company)		
	3840 Land	O Lakes Blvd.		
		(Address)		
	Land O La	kes, FL 34639		
		/State and Zip Code)		
For further informatio	n concerning this matter, please	call:		
Linda F. Blick at (813 909-9644 ex. 315 (Name of Person) (Area Code & Daytime Telephone Number)		ex. 315		
(Nar	ne of Person)	(Area Code & Daytime 1)	elephone Number)	
Enclosed is a check	for the following amount:		TA.	
□ \$125.00 Filing Fed	c Ø \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status & Certificate of Status & Certified Copy (additional copy) senciosed)	
	EET ADDRESS:	MAILING A Registration S	iii.iiiiiiiiiiiiiiiiiiiiiiiiiiiiiiiii	-
Registration Section Division of Corporations		Division of Co	orporations ====================================	
409 E. Gaines Street Tallahassee, Florida 32399		P.O. Box 632 Tallahassee, F	Florida 32314	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:					
Katemand, LLC					
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Lia	bility Company is:			
Principal Office Address:	Mailing Address:				
3840 Land O Lakes Blvd. Land O Lakes, FL 34639	3840 Land O Lakes Blvd. Land O Lakes, FL 34639				
	22.00				
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's	Signature:			
The name and the Florida street address of the re	egistered agent are:				
Kurt H. Hull					
Name					
3840 Land O L	akes Blvd.				
Florida street address (P.O. Box NOT acceptable)					
Land O Lakes	FL 34639				
City, State, a	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 the obligations of my position as registered Agent's Registered Agent's	his certificate, I hereby accept the v. I further agree to comply with a rformance of my duties, and I am stered agent as provided for in Ch) Signature	e appointment as the provisions of all fantiliar with and			

Page 1 of 2

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:	
Manager	Kurt H. Hull 3840 Land O Lakes Blvd. Land O Lakes, FL 34639	
(Use attachment if necessary)		
NOTE: An additional article mu	st be added if an effective date is re	equested.
REQUIRED SIGNATURE:		
Signatura kt 3 man	ober or an authorized representative of a	member
(In accordance with	section 608.408(3), Florida Statutes, the exenstitutes an affirmation under the penalties o	ecution
	Kurt H. Hull	
	Typed or printed name of signee	2005 2005 SECI
Filing Fees:		DS JUNI
\$125.00 Filing Fee for Articles of Or of Registered Agent \$ 30.00 Certified Copy (Optional)	ganization and Designation	JUN 28 PAHASSEE, F
\$ 5.00 Certificate of Status (Optio	nal)	