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(Re	equestor's Name)	· · · · · · · · · · · · · · · · · · ·
(Ac	ldress)	
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(Ci	ty/State/Zip/Phone	· #)
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INSTRUCTURE P 2:50

## TRANSMITTAL LETTER'

	ation Section - n of Corporations	<b>-</b> ·			
SUBJECT: KII	DI'S LAND L.L.C.				
	(Name of Limited	Liability Compa	ny)		
The enclosed Ar	ticles of Organization and fee(s) are st	abmitted for filing	<b>;</b> .		
Please return all	correspondence concerning this matter	r to the following:	:		
Ве	etty N. Dal Bon				_
	(r	Jame of Person)			
Kidi's Land L.	L.C.				
		Firm/Company)	·		
1920	7 Chattanooga Ln.				
1320	7 Chattantoga Eri.	(Address)			
	Orlando, Fl. 32837 (City/	State and Zip Code	)	_ <del></del>	
For further infor	mation concerning this matter, please	call:			
Betty N. Dal Bo	on	at (_407	7580126		
	(Name of Person)	(Area Code	e & Daytime Tel	lephone Number)	
Enclosed is a c	heck for the following amount:				
3 \$125.00 Filin	g Fee Status \$130.00 Filing Fee & Certificate of Status	■ \$155.90 Fi Certified Copy (additional copy)	у	(additional copy is end	is &
	STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	]	MAILING AI Registration So Division of Co P.O. Box 6327 Tallahassee, Fl	portions proporations provide 32314	11 25 P 2:50

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	any is:
Kidi's Land L.L.C.	
ARTICLE II - Address: The mailing address and street address of	f the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
Betty N. Dal Bon	13207 Chattanooga Ln.
	Orlando, fl. 328037
ARTICLE III - Registered Agent, Regi	istered Office, & Registered Agent's Signature:
Betty N. dal Bon	
Dony W. dai Don	Name
13207 Chattanooga Ln	
	treet address (P.O. Box <u>NOT</u> acceptable)
Orlando,fl. 32837	FL
City	, State, and Zip
liability company at the place designa registered agent and agree to act in this a statutes relating to the proper and comp	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as capacity. I further agree to comply with the provisions of a plete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S
·	Agent's Signature  Agent's Signature  NTINUED)  10 10 12 13 13 15 15 15 15 15 15 15 15 15 15 15 15 15

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	·.	
Manager	Betty N. Dal Bon		
rearrago	13207 Chattanooga Ln.		
	Orlando,fl. 32837		
Manager	Franco Dal Bon		
	13207 Chattanooga Ln.		
	orlando,fl. 32837		
<u> </u>			
(Use attachment if necessary)			
NOTE: An additional article must be	e added if an effective date is reques	sted.	
REQUIRED SIGNATURE:			
Signature of a member of	Con or an authorized representative of a memb	er.	
(In accordance with section of this document constitute that the facts stated here	on 608-408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjuein are true.)	ı ıry	
Setty Types	od Bon d or printed name of signee	<del></del> -	
Filing Fees:		TAT SE	2
\$125.00 Filing Fee for Articles of Organiz	zation and Designation		[ ]
of Registered Agent		== rn	
\$ 30.00 Certified Copy (Optional)		(3) S	r) [
\$ 5.00 Certificate of Status (Optional)			2