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(Re	questor's Name)	
(Ad	dress)	
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	·	
(Cît	y/State/Zip/Phon	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	sìness Entity Nai	me)
(Do	cument Number)	
Certified Copies	Certificate	s of Status
Special Instructions to I	Filing Officer:	
\$12		lC
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	Office Use On	ily



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M. HODGES

TRANSMITTAL LETTER

TO: Registration Se Division of Con			
SUBJECT: KAT,	LLC	-	
		d Liability Company)	
The enclosed Articles of	Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
Ed Rawls			
•	(1	Name of Person)	
KAT, LLC	· · · · · · · · · · · · · · · · · · ·	Firm/Company)	·
	(1	, min company	
2020 Michia	an Avenue NE		
2020 Wilding	all Avellue IVL	(Address)	
		,	
St. Pe	etersburg, FL 33703		
		State and Zip Code)	
For further information of	concerning this matter, please	call:	
Ed Rawls		at (727) 520-7676,	ext 202
	of Person)	at (727) 520-7676, (Area Code & Daytime T	elephone Number)
Enclosed is a check for	r the following amount:		
☑ \$125.00 Filing Fee	□ \$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Regist	ET ADDRESS: ration Section on of Corporations	MAILING A Registration S Division of C	Section

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

Division of Corporations P.O. Box 6327_ Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE II - Address: The mailing address and street address of the prince	cipal office of the Limited Liability Company is:
	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2020 Michigan Avenue NE 2	2020 Michigan Avenue NE
St. Petersburg, FL 33703	St. Petersburg, FL 33703
The name and the Florida street address of the region Ed Rawls	istered agent are:
Name	
Name	
Name 8950 Dr ML King St N. #190	
8950 Dr ML King St N. #190	ss (P.O. Box <u>NOT</u> acceptable)
8950 Dr ML King St N. #190 Florida street addres	ss (P.O. Box <u>NOT</u> acceptable)

(CONTINUED)

Registered Agent's Signature

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

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 M	Name and Address: Member
MGRM	Edgar O. Rawls, Jr
mortal	2020 Michigan Avenue NE
	St. Petersburg, FL 33703
MGRM	Kathleen D. Rawls
	2020 Michigan Avenue NE
	St. Petersburg, FL 33703
(Use attachment if neces NOTE: An additional: REQUIRED SIGNATU	article must be added if an effective date is requested.
19	athleen. Dank
Signatu	re of a member or an authorized representative of a member.
of this d	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.)
Kathle	een D. Rawls
	Typed or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for A of Registered A \$ 30.00 Certified Copy (\$ 5.00 Certificate of St	(Optional)