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OF SEP -1 AN II: DT SEP -1 AN IO: 54

CECRETARY OF STATERED AND SERVICE STATES AND SERVICE SERVICES AND SERVI

TRANSMITTAL LETTER

TO: Registration Sec Division of Corp			
SUBJECT:	Kenneth (Name of Limited	Notion # LL Liability Company)	<u> </u>
	•	• • • • • • • • • • • • • • • • • • • •	
The enclosed Articles of	Organization and fee(s) are su	bmitted for filing.	
Please return all correspon	ndence concerning this matter	to the following:	
_ K	ennate D	Name of Person)	
	& Kenneth N	locton	
	(F	Firm/Company)	
	465 Ink	Berry way	
		(Address)	7 왕(8년
<u>.</u>	Tall Fla 32	State and Zip Code)	SEP - J CRETARY (LAHASSEE
For further information co	oncerning this matter, please c	eall:	AH II: 07 OF STATE E, FLORIDA
Kenneth)		at (<u>850</u>) <u>264</u> (Area Code & Daytime Tel	-4442
(Name o	i reison)	(Alea Code & Daytille Tel	repriorie rearriber)
Enclosed is a check for	the following amount:		
☐ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certificate of Status &
	0.000	(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
gydri	ET ADDRESS:	MAILING AI	mress:
Registra	ation Section	Registration Se	ection
	n of Corporations Gaines Street	Division of Co P.O. Box 6327	
	ssee, Florida 32399	Tallahassee, Fl	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:						
The name of the Limited Liability	Company is:					
Kenneth 1	laiton	LLC		-	_	
ARTICLE II - Address: The mailing address and street add	lress of the pri	ncipal office of th	ne Limited L	iability (Comp	pany
Principal Office Address:		Mailing Addre	ss:			
1465 FAK BOIN 1 Fall Flow 32317	way	1465 - Jalia Fi	tnk B	est 1	<u>wa</u> ;	ý
ARTICLE III - Registered Agen	t, Registered	Office, & Regist	ered Agent	's Signa	ture:	;
The name and the Florida street ad Kenneth 1465 F Talla	Name In K Be	on Cry Way ess (P.O. Box <u>NOT</u> FL 3231		SECRETARY OF STATE TALLAHASSEE, FLORIDA	05 SEP -1 AH 11: 07	FILED

is:

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

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

, The name and address of each Ma	nager or Managing Member is as follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
<u>m6Rm</u>	Kenneth Norton 1465 Ink Berry way Talla Fla 32317
(Use attachment if necessary) NOTE: An additional article mi	ust be added if an effective date is requested :
REQUIRED SIGNATURE:	CRETAR
Signature of a men	mber or an authorized representative of a member of a
(In accordance with of this document co	n section 608.408(3), Florida Statutes, the execution on stitutes an affirmation under the penalties of perjury and herein are true.)
Kenne	eth Nacton

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)