L0500000/0/473

SECRETARY OF STATE (Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies __ Certificates of Status Special Instructions to Filing Officer: AL \

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TO: Registration Section

Division of Corporations

2905 DCT 13 P 1: 52

SUBJECT: Komor, LLC

(Name of Limited Liability Company)

THE LORIDA

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Kristy A. Mount	
	(Name of Person)
Kinberg & Associates, LL	.C
	(Firm/Company)
605 South Palm Avenue	9
	(Address)
Titusville FL 32796	
(C	ity/State and Zip Code)

For further information concerning this matter, please call:

Kristy A. Mount at (321) 385-3534
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

\$125.00 Filing Fee \$\bigcup \text{\$130.00 Filing Fee} & \Bigcup \text{\$155.00 Filing Fee} & \Bigcup \text{\$160.00 Filing Fee}, \\ \text{Certificate of Status} & \text{Certified Copy} & \text{Certified Copy} \\ \text{(additional copy is enclosed)} & \text{Certified Copy} \\ \text{(additional copy is enclosed)}

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	TALLAHASSEE, FLORIDA
The name of the Limited Liability Company is:	
Komor, LLC	
(Must end with the words "Limited Liability Company, "Limited	ed Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	
The mailing address and street address of the pr	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4760 Cocoanut Drive	4760 Cocoanut Drive
Titusville FL 32780	Titusville FL 32780
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the r	ered Agent. You must designate an individual or another
Donald R. Morrisson	
Name	
4760 Cocoanut Drive	
	lress (P.O. Box NOT acceptable)
Titusville FL 32780 City, State, a	FL and Zip
liability company at the place designated in t registered agent and agree to act in this capacity	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and

Registered Agent's Signature (REQUIRED)

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

(CONTINUED) 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:



Name and Address: Donald R. Morrison 4760 Cocoanut Drive Titusville FL 32780	CECRE LARY OF STATE TALLAHASSEE, FLORIDA
Charles T. Koury P.O. Box 421 Titusville FL 32781	
	
ate of filing:specific and cannot be more	(OPTIONAL) e than five business days prior
Maunt or an authorized representative	of a member.
	Donald R. Morrison 4760 Cocoanut Drive Titusville FL 32780 Charles T. Koury P.O. Box 421 Titusville FL 32781 ate of filing: specific and cannot be more

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

Donald R. Morrison

\$ 5.00 Certificate of Status (Optional)

(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.)

Typed or printed name of signee