

LOS000104939

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

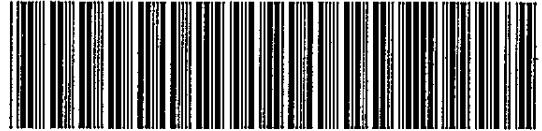
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SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
05 OCT 24 AM 11:31

***Kevin Medlin  
2024 Blue Heron Drive  
Viera , FL 32940  
321-784-5125***

Florida Department of State  
Division of Corporations  
Corporate Filings  
PO Box 6327  
Tallahassee, FL 32314

Enclosed is a copy of the Articles of Organization of Kevin Medlin. LLC, a Florida Limited Liability Corporation. Also enclosed is a check iøn the amount of \$150.00 for filing fees for a new Florida LLC and Registered Agent fee.

Please send copies to the above listed address.

  
Kevin Medlin

Attach: as noted

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**ARTICLES OF ORGANIZATION**

**KEVIN MEDLIN, LLC**

**A LIMITED LIABILITY COMPANY**

(Pursuant to Chapter 608, Florida Statutes)

1. **Name.** The name of the limited liability company is KEVIN MEDLIN, LLC.
2. **Purpose.** The purpose of this limited liability company may include the transaction of any and all lawful business for which limited liability companies may be organized in the state of Florida.
3. **Address of Principal Office.** The street address of the principal office of the limited liability company is:  
  
2024 Blue Heron Drive, Viera, FL 32940
4. **Mailing Address.** The mailing address of the limited liability company is:  
  
2024 Blue Heron Drive, Viera, FL 32940
5. **Management.** The limited liability company is to be managed by one or more members and is, therefore, a member-managed company.
6. **Registered Agent, Registered Office, and Registered Agents Signature.** The name and the Florida street address of the registered agent is:

Kevin Medlin  
2024 Blue Heron Drive  
Viera, FL 32940

*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.*

\_\_\_\_\_  
Kevin Medlin

7. **Effective Date.** The effective date of the limited liability company shall be the date of filing unless otherwise stated below:

  
\_\_\_\_\_  
Kevin Medlin, Member

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true and correct.)

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