L05000107404

(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:				
/ / /				
0000000				
Office Use Only				
: 1				



900060996689

THE PROPERTY OF STREET



(CLAUDE R. WALI HUEY, GUILDAY	KER, ESQ.)		
P. O. BOX 1250	0		
TALLAHASSEE, F		\	
Atm'. Ju City/State/2	Address Address Zip Phone #	91 Of	fice Use Only
CORPORATION 1	NAME(S) & DOCUMI	ENT NUMBER(S), (if kno	own):
	LC oration Name)	(Document #)	70 8 10
2	oration Name)	(Document #)	
•	nauon nanc)	(Document 11)	0.7
3(Согра	oration Name)	(Document #)	300
4.	/ A	PU	
(Согра	oration Name)	ATTE When	
Walk in Mail out	·	Certification	I Copy ate of Status
NEW FILINGS	AMENDMENTS		
Profit	Amendment		
NonProfit	Resignation of R.A., C	Officer/ Director	
Limited Liability	Change of Registered	Agent	
Domestication	Dissolution/Withdraw	ral	
Other	Merger	<u> </u>	
Annual Report Fictitious Name Name Reservation	REGISTRAT QUALIFICAT Foreign Limited Partnership Reinstatement Trademark	ION/	-
	Other	i i	

ARTICLES OF ORGANIZATION FOR

KTT, LLC

FLORIDA LIMITED LIABILITY COMPANY



The name of the Limited Liability Company is KTT, LLC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company are:

Principal Office Address:

Mailing Address:

ALCONO 1911.00

1983 Centre Pointe Blvd., Suite 200 Tallahassee, FL 32308

Same

ARTICLE III - Registered Agent, Registered Office and Registered Agent's Signature: The name and the Florida street address of the registered agent are:

Name: Thomas J. Guilday

Florida street address (P. O. Box Not acceptable): 1983 Centre Pointe Blvd., Suite 200

City, State and Zip Code Tallahassee, FL 32308

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

ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

MGRM

Thomas J. Guilday

All of the state o 1983 Centre Pointe Blvd., Suite 200

Tallahassee, FL 32308

MEMBER

Kathleen G. Guilday

1983 Centre Pointe Blvd., Suite 200

Tallahassee, FL 32308

MEMBER

Thomas A. Guilday

1983 Centre Pointe Blvd., Suite 200

Tallahassee, FL 32308

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member:

Typed or printed name of Signee: Thomas J. Guilday

(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.)