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SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations SUBJECT: KP Investments LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shane Lambert (Name of Person) KP Investments, LLC (Firm/Company) P. D. Box (BO437 (Address) Tallahussee FL. 32318 (City/Suite and Zip Code) For further information concerning this matter, please call: Shane Lambert (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: S125.00 Filing Fee S130.00 Filing Fee Certified Copy (additional copy is enclosed) Mailing Address Street/Courrier Address Street/Courrier Address	*	00.2			
(Name of Limited Liability Company) The enclosed Articles of Organization and fec(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Shane Lambert (Name of Person) KP Investments, LLC (Firm/Company) P. O. Box (BO437 (Address) Tallahassee H. 323/8 (City/Sale and Zip Code) For further information concerning this matter, please call: Shane Lambert (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) [State of Status Certificate of Status & Certificate Opy (additional copy is enclosed) Mailing Address Street/Courier Address Street/Courier Address	TO: Registration Sec				
The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Share Lambert (Name of Person) KP Investments, LLC (Firm/Company) P.O. Box (BOU37 (Address) Tallahassee FL. 32318 (City/State and Zip Code) For further information concerning this matter, please call: Share Lambert (Name of Person) (Area Code & Daytime Telephone Number) Enclosed is a check for the following amount: \$\int \frac{1}{3}\f	SUBJECT:				
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Shane Lambert (Name of Person) KP Investments, LLC (Firm/Company) P. D. Box (BO 437 (Address) Tallahassee FL 32318 (City/Skite and Zip Code) For further information concerning this matter, please call: Shane Lambert at 350 545 - 985/388 1 (Name of Person) (Name of Person) (Area Code & Daytime Telephone Number) (Name of Person) Enclosed is a check for the following amount: \$\int \frac{1}{2}	The enclosed Articles of	Organization and fee(s) are s	ubmitted for filing.		
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Registration Section
Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")

ARTICLE II - Address:

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

J	
Principal Office Address:	Mailing Address:
211 John Knox Rd. Ste Tallahassee, Fr. 72303	10 P.O. Box (B6437 Tallahossae (Fr. 323/8
ARTICLE III - Registered Agent, Regi (The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.)	stered Office, & Registered Agent's Signature:
The name and the Florida street address of	Lambert SSRY +
1319 Be	Name Rec.
Tallalias.	reet address (P.O. Box NOT acceptable) C. FL 52308 State and Zin

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

<i>></i> *	ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:				
	Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
	MGR	Shane Lambert 1319 Batton RJ. Tallahasse FE. 32508	. <u>.</u>		
	MGRM	Beth Lambert 1319 Setton Fd. Tallahassee (FL. 32308			
			· _		
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ARTI	(Use attachment if necessary) CLE V: Effective date, if other than the da	ate of filing: .(OPTIONAL)			
(If an		pecific and cannot be more than five business days pr	rior <u> </u>		
	REQUIRED SIGNATURE:	PH 12: 35 F STATE F COBIN	C		
	(In accordance with section	on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury are true.)			

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)