

L060000003973

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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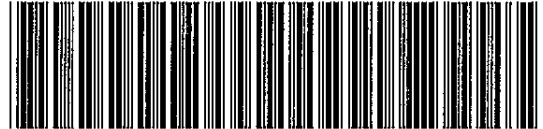
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

JAN 13 2006



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 809051 81034A

AUTHORIZATION :

*Susie Knight*

COST LIMIT : \$ 255.00

ORDER DATE : January 12, 2006

ORDER TIME : 2:09 PM

ORDER NO. : 809051-005

CUSTOMER NO: 81034A

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DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: K.B., LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION  
CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY  
PLAIN STAMPED COPY  
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: \_\_\_\_\_

## ARTICLES OF ORGANIZATION

OF

K.B., LLC

FILED  
2006 JAN 12 PM 4:52  
UNION COUNTY CORPORATIONS  
TALLAHASSEE, FLORIDA

### ARTICLE I ~ Name

The name of the limited liability company shall be **K.B., LLC.**

### ARTICLE II ~ Address

The street address of the principal office of the Limited Liability Company shall be 2166 Highway 30-A, Suite B, Santa Rosa Beach, Walton County, Florida 32459, but it shall have the power and authority to establish branch offices at such place or places as may be designated by the members. The mailing address for the Limited Liability Company shall be Post Office Box 2201, Santa Rosa Beach, Florida 32459.

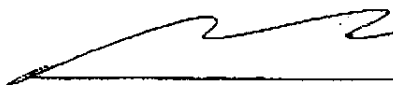
### ARTICLE III ~ Registered Agent, Registered Office & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Michael Wm Mead, P.A.  
24 Walter Martin Road, Suite 3  
Fort Walton Beach, FL 32548

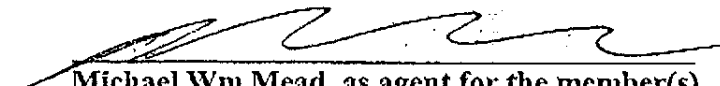
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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.

  
Michael Wm Mead  
Registered Agent's Signature

**ARTICLE IV ~ Management**

- X This Limited Liability Company is a member-managed company.  
This Limited Liability Company is a manager-managed company.

  
Michael Wm Mead, as agent for the member(s)

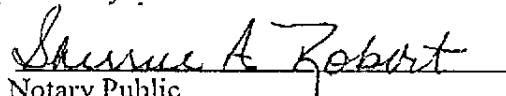
In accordance with §608.408(3) Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

  
Michael Wm Mead

1.12.06  
Date signed

STATE OF FLORIDA  
COUNTY OF OKALOOSA

The foregoing instrument was acknowledged before me this 12 day of January, 2006 by Michael Wm Mead, who is personally known to me.

  
Notary Public

My Commission Expires:

