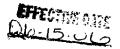
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(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
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Office Use Only



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06112Y -9 P/I L: No

B. McKnight MAY 1 6 2006

COVER LETTER

TO: Registration Section
SUBJECT: KSR Enterprises, L.C. (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:
Kevin S. Royals
(Name of Person)
(Firm/Company)
2323 TreeTop Court
(Address)
Melbourne, 7L 32934
(City/State and Zip Code)
For further information concerning this matter, please call:
Kevin Royals at 843 881-7069 (antil 6-2-06) (Name of Person) (Area Code & Daytime Telephone Number)
(Name of Person) (Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$155.00 Filing Fee & Certificate of Status \$\bigcup \\$160.00 Filing Fee, Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address Registration Section Street/Courier Address Registration Section

P.O. Box 6327
Tallahassee, FL 32314

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

ARTICLE I - Name:		· ····································	ı
The name of the Limited Liabi	lity Company is:	11115 TO	6
	terprisa		
(Must end with the words "Limited Liab	ility Company, "Limite	d Company" or their abbreviation "LI	.C," or "L.C.,")
ARTICLE II - Address:			
The mailing address and street	address of the pri	incipal office of the Limited	Liability Company is:
Principal Office Address:		Mailing Address:	
2323 Treeton	Court		
mel burne 4	<u></u>	5 Same	
	<u> 3 2,934</u>		
ARTICLE III - Registered A	gent. Registered	Office. & Registered Agen	t's Sionature:
(The Limited Liability Company cannot business entity with an active Florida re	serve as its own Registe		
The name and the Florida stree	t address of the re	egistered agent are:	
	Levin S.	Rovals	
	Name	•	
23	23 Tr	ee Top Court	
	Florida street add	ress (P.O. Box NOT acceptable)	
Meld	bourne_	FL 37934	
	City, State, a	nd Zip	
registered agent and agree to a statutes relating to the prope	ce designated in th act in this capacity r and complete per	his certificate, I hereby accept	t the appointment as ith the provisions of all am familiar with and
Redic	tered Agent's Signati	ITC (REQUIRED)	06 1 ₩
,			
			₺ 🔻
	(CONTINI	TED)	→

Page 1 of 2

The name and address of each Manager	r or Managing Member is as follows:	
Title:	Name and Address:	
"MGR" = Manager "MGRM" = Managing Member	Kevin S. Koyals 2323 Tree Top Cour mel bourne, 7232	17 3 34
		_ _ _
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing.)	ate of filing: <u>6-15-06</u> . (OPT specific and cannot be more than five busines	IONAL) ss days prior
REQUIRED SIGNATURE:	On Authorized representative of a member.	
(In accordance with section of this document constituent that the facts stated here.	on 608.408(3), Florida Statutes, the execution ates an affirmation under the penalties of perjury	D6 NAY -8
Filing Fees:		P
\$125.00 Filing Fee for Articles of Organi	zation and Designation	

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

Page 2 of 2

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)