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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 | s of Status |
| Special Instructions to Filing Officer: | | |
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TRANSMITTAL LETTER

TO: Registration Section

Division of Corporations

SUBJECT: KCS & ASSOCIATES LLC.

(Proposed company name - must include suffix)

Enclosed is an original and one (1) copy of the Limited Liability Company and a check for:

[]\$125.00 Filing fee & Designation of Registered Agent [X]\$130.00 Filing Fee, Designation of Registered Agent, & Certificate of Status []\$160.00 Filing Fee, Designation of Registered Agent, Certified Copy, & Certificate of Status

Please return all correspondence concerning this matter to the following:

MYLES S. DANIEL 174 POINCIANNA RD. EDGEWATER, FLORIDA 32141

For Further information concerning this matter, please call: MYLES S. DANIEL at 386-428-6634.

Street Address:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, FL 32399

Mailing Address:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

ARTICLES OF ORGANIZATION

OF

KCS & ASSOCIATES LLC.

The undersigned subscribers to this limited liability company, natural persons competent to contract, hereby form a limited liability company under the laws of the State of Florida.

ARTICLE I - NAME

The name of the Limited Liability Company is: KCS & ASSOCIATES LLC.

ARTICLE II - ADDRESS

The mailing address and the street address of the principal office of the Limited Liability Company is 174 Poincianna Rd., Edgewater Florida 32141.

ARTICLE III - REGISTERED AGENT

The registered agent of this company shall be:

NAME

ADDRESS

MYLES S. DANIEL

174 POINCIANNA RD.

EDGEWATER, FLORIDA 32141

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.

YLES DANIEL

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ARTICLE IV - MANAGEMENT

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

Title:

Name and Address:

Manager

MYLES S. DANIEL 174 POINCIANNA RD.

EDGEWATER, FLORIDA 32141

MGRM

EDITH K. CORBETT 174 POINCIANNA RD.

EDGEWATER, FLORIDA 32141

ARTICLE V - EFFECTIVE DATE

The effective date of the Limited Liability Company is requested to be May 31, 2006.

signature of a member or an authorized

representative of a member.

(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.)

MYLES S. DANIEL

Printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

SECRETARY OF STATE OF STATE OF CORPORATIONS OF CORPORATIONS

IN WITNESS WHEREOF, We have hereunto set our hands and seals, acknowledged and filed the foregoing Limited Liability Company under the laws of the State of Florida this 26th day of May, 2006

MYLES 5 DANIE

STATE OF FLORIDA)
COUNTY OF SEMINOLE)

The foregoing instrument was acknowledged before me this 26th day of May, 2006, by MYLES S. DANIEL, who is personally known to me or who has produced driver's license as identification and who did take an oath.



Notary Public, State of Florida

At Large

My Commission Expires:

Having been named as Registered Agent and to accept Service of Process for the above-stated company at the place designated herein, 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.

MYLES

DATE: May 26, 2006

DIVISION OF CORFORATIONS

OR MAY 31 PM 2: 11