

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

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Fax Number : (850) 205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC.  
Account Number : I20010000247  
Phone : (800) 494-3124  
Fax Number : (305) 675-2811

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**FLORIDA/FOREIGN LIMITED LIABILITY CO**  
**K.D.S, L.L.C.**

Certificate of Status	0
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7/7/2006 10:08 PAGE 001/001 Florida Dept of State



July 7, 2006

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

A1A CORPORATE SERVICES

SUBJECT: K.D.S, L.L.C.  
REF: W06000030204

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Verify the spelling of the first name of the registered agent.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Neyssa Culligan  
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FAX Aud. #: H06000173770  
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DIVISION OF CORPORATION

P.O. BOX 6327 - Tallahassee, Florida 32314

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**ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED  
LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

**ARTICLE I NAME**

The name of the Limited Liability Company is:

K.D.S, L.L.C.

**ARTICLE II ADDRESS**

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

2010 LARISSA CT  
TRINITY, FL 34655

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &  
REGISTERED AGENT SIGNATURE**

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

KIMBERLY STRICKER  
2010 LARISSA CT  
TRINITY, FLORIDA 34655

Having been named as registered agent 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 all statutes relating to the proper and complete performance of my duties, and I am familiar with accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..



KIMBERLY STRICKER, Registered Agent's Signature

**ARTICLE IV MANAGEMENT**

The Limited Liability Company will be managed by one or more managing members and is, therefore, a Member Managed Company.

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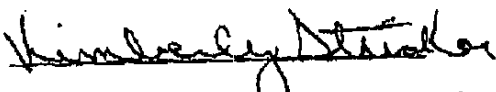
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PAGE 2 K.D.S, L.L.C.

**ARTICLE V**

The name(s) and address(es) of the managing members of the LLC are:

KIMBERLY STRICKER  
Managing Member: 2010 LARISSA CT  
TRINITY, FLORIDA 34655



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.)

KIMBERLY STRICKER  
Typed or printed name of signee

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