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(Re	questor's Name)	
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	Certificates	of Status
Special Instructions to I	Filing Officer:	
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SECRETARY OF STATIONS
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J. BRYAN AUG 2 5 2006

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COVER LETTER

TO: Registration Section Division of Corporations

SUBJECT:	KBC SEI	RVICES LLC	
	(Name of Limite	d Liability Company)	
The enclosed Articles	of Organization and fee(s) are s	ubmitted for filing.	
Please return all corres	pondence concerning this matte	er to the following:	
	PAU	L FERGUSON	
	(Name of Person)	
			0
	(Firm/Company)	5
	13541 MA	GNOLIA PARK CT	05 AUG 24
		(Address)	<u>_</u>
	WINDER	MERE, FL 34786	3
		/State and Zip Code)	
		• •	
For further information	concerning this matter, please	call:	
KEVII	N MYERS	at (321) 278-61	197
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check f	or the following amount:		
☑ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY CO **ARTICLE I - Name:** The name of the Limited Liability Company is:

KBC SERVICES LLC

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

ARTICLE II - Address:

Drivainal Office Addresse

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

Thicipal Office Address:	Maning Address:
13541 MAGNOLIA PARK CT	. 13541 MAGNOLIA PARK CT.
WINDERMERE, FL 34786	WINDERMERE, FL 34786
ARTICLE III - Registere (The Limited Liability Company car business entity with an active Flori	d Agent, Registered Office, & Registered Agent's Signature: nnot serve as its own Registered Agent. You must designate an individual or another da registration.)
The name and the Florida s	treet address of the registered agent are:
	PAUL FERGUSON
	Name
	13541 MAGNOLIA PARK CT.
*	Florida street address (P.O. Box NOT acceptable)
	WINDERMERE, FL 34786
-	City, State, and Zip
liability company at the registered agent and agree	istered agent and to accept service of process for the above stated limit place designated in this certificate, I hereby accept the appointment as to act in this capacity. I further agree to comply with the provisions of oper and complete performance of my duties, and I am familiar with an

ted fall accept the obligations of my position as gistered agent as provided for in Chapter 608, F.S..

Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address:

	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member	PAUL FERGUSON	
MODIA	·	06 NUG 24 7
MGRM	13541 MAGNOLIA PARK CT	<u></u>
	WINDERMERE, FL 34786	<u> </u>
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(Use attachment if necessary)		
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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)