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Office Use Only



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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KPR Holdings, LLC (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:	
Robert Kloustin	
(Name of Person)	
(Firm/Company)	
535 Hunkin Ct (Address)	
Marco Island, FL 34145 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Robert Kloustin (Name of Person) (Area Code & Daytime Telephone Number) CARRY HARFITARY Enclosed is a check for the following amount:	
Enclosed is a check for the following amount: \$\sum_{\sum_{\text{S}}} \sum_{\text{S}} \sum_{\	
M. W. Addus	

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

Street/Courier Address
Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company is:		
KPR Holdings, LLC		
(Must end with the words "Limited Liability Company, "Limite	d Company" or their abbreviation "LLC," 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:	
535 Hunkin Ct	535 Hunkin Ct	
Marco Island, FL 34145	Marco Island, FL 34145	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)		
The name and the Florida street address of the re-	egistered agent are:	
Robert Kloustin		
Name		
535 Hunkin Ct		
41 - 112 - 11	ress (P.O. Box NOT acceptable)	
Marco Island	FL 34145	
City, State, a	nd Zip	
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as b. I further agree to comply with the provisions of a formance of my duties, and I am familiar with and ttered agent as provided for in Chapter 608, F.S	

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2 PILED

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SECRETARY OF STATE
TALLAHASSEF FRATE

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGR Robert Kloustin 535 Hunkin Ct Marco Island, FL 34145 MGMR Pamela Kloustin 535 Hunkin Ct Marco Island, FL 34145

ARTICLE V: Effective date, if other than the date of filing: . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

(Use attachment if necessary)

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.)

Typed or printed name of signee

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)