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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	• #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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SECRETARY OF STAIL

JAN 9 2007

COVER LETTER

TO:	Registration S Division of C			
SUBJE	CT: KT&T	LLC		
		(Name of Limited	l Liability Company)	
The enc	losed Articles	of Organization and fee(s) are so	ubmitted for filing.	
Please re	eturn all corres	pondence concerning this matte	r to the following:	
,	Kelli Brau	ch		
-		(1	Name of Person)	
ŀ	KT&T LLC	;		
_		(Firm/Company)	
1	841 Lago	on Street		
			(Address)	
ŀ	Fort Mye	rs Beach Florida 33	931	
=		(City	/State and Zip Code)	
For furt	her information	n concerning this matter, please	call:	
Kelli E	Brauch	•	at (239) 357-505	4
	(Nan	ne of Person)	(Area Code & Daytime To	elephone Number)
Enclose	ed is a check	for 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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns · Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:	
KT&T LLC		
(Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC,"	' or "L.C.,")
ARTICLE II - Address:		
The mailing address and street address of the	e principal office of the Limited Lia	ability Company is:
	•	
Principal Office Address:	Mailing Address:	
Kelli Brauch	same	
841 Lagoon Street		
Fort Myers Beach Florida 33931		
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.)		
The name and the Florida street address of the	he registered agent are:	FIL 07 JAN -8 SECRETAÑ ALLAHASS
Kelli Brauch		
Name		SSS - 8 []
841 Lagoon Street		FILED N-8 PH 2 TARY OF ST HASSEE, FL
Florida stree	t address (P.O. Box NOT acceptable)	O
Fort Myers Beach ,	FL 33931	25 ATE RIDA
City, Sta	ate, and Zip	
Having been named as registered agent and	to accept service of process for the	above stated limited

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..

Registered 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:

	ager anaging Member	Name and Address:	
none			
MGR		Kelli Brauch Sole p	noprieta
(Use attachmer	nt if necessary)		
I O DA MIMAAIIIIAI	,		
CLE V: Effectiv	listed, the date must b	e date of filing: (0	OPTIONAL) siness days p
CLE V: Effective effective date is l	listed, the date must be date of filing.) SIGNATURE:	e specific and cannot be more than five but	OPTIONAL) siness days p SECR
CLE V: Effective effective date is look days after the	Signature of a member of this document constitute that the facts stated	er or an authorized representative of a member. ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury	OPTIONAL SECRETARY OF STATE TALLAHASSEE, FLORID

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)