

LO7 0000 21803

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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(Business Entity Name)

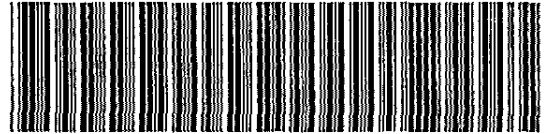
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LO7-21803
OK

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Komodo Ltd. Co

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Guy Travis Wilson II
5729 19th St Zephyrhills, FL 33542

For further information concerning this matter, please call:

Guy Travis Wilson II at (Cell: 813 244-0244) or (Work: 800 355-2540) *Ask for Travis*

Enclosed is a check for the following amount:
\$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed)

SECRETARY OF STATE
DIVISION OF CORPORATIONS
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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I – Name

Komodo Ltd. Co

ARTICLE II - Address

Principal Office Address:

5729 19th St Zephyrhills, FL 33542 Suite 100

Mailing Address:

5729 19th St Zephyrhills, FL 33542 Suite 100

ARTICLE III - Registered Agent

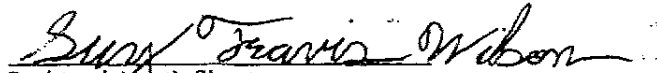
Name of the Registered Agent:

Guy Travis Wilson II

Address of the Registered Agent:

5729 19th St Zephyrhills, FL 33542 Suite 100

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

ARTICLE IV- Managing Member(s)

Title:

MGRM

Name:

Guy Travis Wilson II

Address:

5729 19th St Zephyrhills, FL 33542

ARTICLE V: Effective date will be determined by the date of filing

(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.)

MGRM Signature:


Guy Travis Wilson II

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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