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SECRETARY OF STATE DIVISION OF STATE

## COVER LETTER

TO: Registration Sec Division of Corp			
SUBJECT: Kr	na Carmentru L	. L. G.	
	(Name of Limit	•	Ball Mark
Please return all correspon	idence concerning this mat	ter to the following:	
	Robert	J. Krug (Name of Person)	
<u> </u>		(Name of Person)	
		(Firm/Company)	
	1001 Lee St.		
		(Address)  32-084 ty/State and Zip Code)	
St.	Augustine, PL	32084	
	(Ci	ty/State and Zip Code)	
For further information co	ncerning this matter, pleas	e call:	
Robert J. K. (Name o	rng f Porson)	at ( <u>964</u> ) <u>810</u> (Area Code & Daytime	- 9770 Telephone Number)
Enclosed is a check for	the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status		\$160.00 Filing Fce, 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 Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	tions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

(Must e	Krun (av per and with the words Lin	mited Liability Con	npany, "L.L.C.," or "I	LLC.")	_	
ARTICLE II - Addr The mailing address a	•	of the principa	al office of the L	imited Liability	Compar	ny is:
Principal Office Add		<u>Ма</u>	iling Address:			
1001 Lec St.  St. Augustine, Fl	124		001 Lee St. St. August inc	, FL 31084	<del></del>	
ARTICLE III - Regi (The Limited Liability Comp business entity with an activ The name and the Flo	pany cannot serve as its ve Florida registration.) rida street addres	own Registered A	gent. You must designered agent are:	d Agent's Signa nate an individual or a	iture: inother AUG - 1	SECRETARY DIVISION OF C
	lool Lu	Name 0		<del></del>	PH 2:	
		a street address (I	P.O. Box <u>NOT</u> acce	eptable)	2: 58	
Having been named liability company registered agent and statutes relating to t	as registered ager at the place design agree to act in this the proper and con	nt and to accep nated in this ce s capacity. I fu mplete perform	t service of proce rtificate, I hereby rther agree to co ance of my dutie	v accept the appo emply with the pr	ointment ovisions liar with	as of all and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REOVIRED)

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

"MGR" = Manag		Name and Address:
"MGRM" = Man	aging Member	
MGRN		Robert J. Knig
		St. Augustine, A 32084
	e .	31. Augustine, At steel
	•	
	•	
	•	
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	•	
(Use attachment	if necessary)	
CLE V: Effective of effective date is list	date, if other than the d ted, the date must be	late of filing: (OPTIONAL specific and cannot be more than five business days
ICLE V: Effective of	date, if other than the d ted, the date must be	
CLE V: Effective of effective date is list	date, if other than the dated, the date must be ate of filing.)  GNATURE:	specific and cannot be more than five business days
CLE V: Effective of effective date is list 90 days after the date	date, if other than the dated, the date must be ate of filing.)  GNATURE:  Signature of a member	specific and cannot be more than five business days or an authorized representative of a member.
CLE V: Effective of effective date is list 90 days after the date	date, if other than the dated, the date must be ate of filing.)  GNATURE:  Signature of a member  (In accordance with sections)	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury
CLE V: Effective of effective date is list 90 days after the date	date, if other than the dated, the date must be ate of filing.)  GNATURE:  Signature of a member  (In accordance with section of this document constitut that the facts stated here	or an authorized representative of a member.  ion 608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)