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| (Requestor's Name)                      |  |  |  |  |
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| PICK-UP WAIT MAIL                       |  |  |  |  |
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| (Business Entity Name)                  |  |  |  |  |
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| (Document Number)                       |  |  |  |  |
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| Certified Copies Certificates of Status |  |  |  |  |
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| Special Instructions to Filing Officer: |  |  |  |  |
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SECTIFIANT OF STATE
TALLAHASSEE, FLORIDA

## **COVER LETTER**

| Division of Corpor   |  | 41   |  |  |
|--|--|--|--|--|
| SUBJECT:   | N INNOVA7 (Name of Limited Liab  |  |  |  |
|  |  |  |  |  |
| The enclosed Articles of Organization and fee(s) are submitted for filing. |  |  |  |  |
| Please return all correspondence concerning this matter to the following:  |  |  |  |  |
| Kristina m Wethington  |  |  |  |  |
| KEW INNOVATIONS, LLC   |  |  |  |  |
| 270 S.W Lottie Court   |  |  |  |  |
| LAKE (th FL 32024  |  |  |  |  |
| (City/State and Zip Code)  |  |  |  |  |
| n  |  |  |  |  |
| For further information concerning this matter, please call:               |  |  |  |  |
| KRISTINA M. WE thing tow 386-152-0341                                      |  |  |  |  |
| (Name of Person) (Area Code & Daytime Telephone Number)                    |  |  |  |  |
| Enclosed is a check for the following amount:                              |  |  |  |  |
| □\$125.00 Filing Fee □\$   | 130.00 Filing Fee & \$\int\\$15<br>ertificate of Status Ce                               | 55.00 Filing Fee & Trified Copy ditional copy is enclosed)   | \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |  |
| Re<br>Di<br>P,   | ailing Address gistration Section vision of Corporations O. Box 6327 Ilahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporations<br>Clifton Building<br>2661 Executive Center C<br>Tallahassee, FL 32301 | ircle  |  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| K & W INNOVA+   |  |
|---|--|
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is:   |
| Principal Office Address:   | Mailing Address:   |
| 210 SW Lottie Court   | SAMe   |
| 32024   |  |
| City, State, and  | egistered agent are:  Wething to Wasser acceptable)  FL 32024  Description of the count of the c |
|   | ccept service of process for the above stated limited is 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..

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

| The name and address of each Manager  | or Managing Member is as follows:  |
|---|--|
| Title: "MGR" = Manager "MGRM" = Managing Member   | Name and Address:  KRISTINA M Wething for 270 SW LOTTIC COURT LAKE CITY FL 32024   |
|   |  |
| (Use attachment if necessary)  ARTICLE V: Effective date, if other than the da  If an effective date is listed, the date must be s  o or 90 days after the date of filing.) | ate of filing: (OPTIONAL)  pecific and cannot be more than five business days prior  |
| (In accordance with section of this document constitute that the facts stated here  | or an authorized representative of a member.  on 608.408(3), Florida Statutes, the execution less an affirmation under the penalties of perjury lein are true.  A Method of Signee |
| Filing Rees   |  |

ARTICLE IV- Manager(s) or Managing Member(s):

\$125.00 Filing Fee for Articles of Organization and Designation

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