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SECRETARY OF STATE
DIVISION OF CORPORATIONS

COVER LETTER

	on Section Corporations	
SUBJECT.	K.C.'s MANUEAR	THEME LLC
SUBJECT:	K.C.5 MANUFAC (Name of Limited I	iability Company)
The enclosed Article	es of Organization and fee(s) are sub	mitted for filing.
Please return all cor	respondence concerning this matter t	o the following:
	KEVIN D. OR CATHER	INES. HUNT
	(Na	me of Person)
	K.C's Mfg. LLC (Fin	
	/ (Fit	m/Company)
	5 CHUMUCKLA Spas	. RJ. (Address)
J	Ay, FL 32565 (City/St	
	(City/St	ate and Zip Code)
For further informat	ion concerning this matter, please cal	II:
CATHY	Huw at	(Area Code & Daytime Telephone Number)
/ (N	ame of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check	k for the following amount:	
⊠\$ 125,00 Filing Fe	ce \$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy 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 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:			
K. C'5 MANUFACTURING, (Must end with the words "Limited Liabili	ity Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Co	mpany	y is:
Principal Office Address:	Mailing Address:		
10105 CHUMUCKLA Spgs Rd JAY, FL 32565	10105 СНИМИСКІН Špgs К Лау, FL 32565	2/ - -	
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:		
DAVID G. WI	HITE, Esquire		
204 CHURCH. Florida street add	ross (D.O. Pay NOT aggertable)		
PENSACOLA, City, State, as	<u>FL 32502</u> nd Zip		
Having been named as registered agent and to a 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 the obligations of my position as regis	accept service of process for the above stat his certificate, I hereby accept the appoint v. I further agree to comply with the provis rformance of my duties, and I am familiar	ment a: sions o with at	s of all nd
Registered Agent's Signatu	ure (REQUIRED)	8- AON 20	SECRETARY DIVISION OF C

(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:

MgR. Mgrm	KEVIN D. HUNT 10105 CHUMUCKLA SPORS Rd JAY, FL 32565 CATHERINE S. HUNT 10105 CHUMUCKLA SPORS Rd
Mgrm	CATHERINE S. HUNT 10105 CHUMUCKUS Spys Rd
	JAY, FL 32565
	
add to the state of the state o	
(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.)

KEVIN D. HUNT
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)

DIVISION OF CORPORATIONS

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