L07000/a5/44

(Requestor's Name)
(Address)
(Address)
(lawses)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
(Sasament values)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:
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Office Use Only



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O7 DEC 17 PM 3: 20
SECRETARY OF STATE
ANASSEE, FLORID.

Ogs Ogs

12/17

COVER LETTER

Division of Co	Resources, L.L.C.,				
	(Name of Limit	ed Liability Compa	iny)	···	_
The enclosed Articles o	f Organization and fee(s) are	submitted for filing	<u>,</u> ,		
Please return all corresp	ondence concerning this matt	ter to the following	:		
Jessica Bo	ottorff				
		(Name of Person)		·	
N/A					
		(Firm/Company)			
1789 Rav	enna Dr.			TALI	07
		(Address)		AHA) H
Navarre, F	FL 32566			ASSE	j J F
	(Cit	y/State and Zip Code)	ių č	2 2
For further information	concerning this matter, please	call:		LoRio	3: 20
Jessica Bottori	f	at (_850	532-118	4	
(Name	of Person)		& Daytime Tele	phone Number)	- "
Enclosed is a check for	or the following amount:				
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Certified Cop (additional copy	ру	\$160.00 Filing I Certificate of St Certified Copy (additional copy is	atus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Registration Division of Clifton Budget 2661 Execution 2661 Execution Registration	urier Address on Section of Corporations uilding cutive Center C ee, FL 32301		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Com	pany is:	
KGJ Resources, L.L.C.		
(Must end with the words "Lim	nited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	of the principal office of the Limited Liab	ility Company is:
Principal Office Address:	Mailing Address:	
KGJ Resources, L.L.C.	KGJ Resources, L.L.C.	
8668 Navarre Parkway #159	8668 Navarre Parkway #159	
Navarre, FL 32566-2185	Navarre, FL 32566-2185	
business entity with an active Florida registration.) The name and the Florida street address Jessica Bottorf	ff	7 DEC 17 ECRETARY LLAHASSEI
	Name	
1789 Ravenna	ı Dr	3: 20 STATE: LORIDA
Florida	street address (P.O. Box NOT acceptable)	夏 茅 29
Navarre,	_{FI} 32566	
Cit	ty, State, and Zip	
liability company at the place design registered agent and agree to act in this statutes relating to the proper and com	t and to accept service of process for the ab tated in this certificate, I hereby accept the a capacity. I further agree to comply with th applete performance of my duties, and I am fo a as registered agent as provided for in Cha	appointment as ne provisions of all amiliar with and

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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

The name and address of each Manager or Managing Member is as follows:

Title:		Name and Address:			
"MGR" = Manag "MGRM" = Mar					
MGR		Kristopher S. Goins			
		1420 Wisteria Ave			
		Pensacola, FL 32507			
MGR		Garland F. Goins Jr.			
	_	1 Frontier Way			
		Durham, NC 27713			
MGR		Johnathan S. Goins			
	_	2016 Main Street			
		Houston, TX 77002			
_	_				
(Use attachment	if necessary)				
CLE V: Effective	date, if other than the da	ate of filing:	OPTIO:	NAL	.
	-	specific and cannot be more than five bu		,	
90 days after the da	•	•		• •	
REQUIRED SIG	GNATURE:	\cap	ΣX	0	
	//			70	esseritant.
	A. 1	'V N	££	23	A II
	1/wyle	0-1	TARY ASSEI	7	i di
	Signature of a member	or an adthorized representative of a member.	Ĕ,≺		(i crassesso
		on 608.408(3), Florida Statutes, the execution ites an affirmation under the penalties of perjury rein are true.)	OF STATE	P# 3: 3	
	Kristopher S. G	•	D.F.	20	
	Type	d 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)