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| (Re | questor's Name) | |
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| (Cit | y/State/Zip/Phone | ? #) |
| PICK-UP | ☐ WAIT | MAIL |
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| Certified Copies | _ Certificates | of Status |
| Special Instructions to Filing Officer: | | |
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DIVISION OF COMPORATIONS TALLAHASSEE, ILORIDA

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DECRETARY OF STATE

B. KOHR

MAR 1 9 2008

EXAMINER



| ION SERVICE COMPANY. | |
|---|----------|
| ACCOUNT NO. : 072100000032 | |
| REFERENCE : 486362 4721172 | FS 8 4 |
| AUTHORIZATION: Spelle Repar | Tech B |
| COST LIMIT : \$ 180.00 | 55 Z |
| ORDER DATE: March 14, 2008 ORDER TIME: 11:32 AM | SE STATE |
| ORDER NO. : 486362-005 | · |
| CUSTOMER NO: 4721172 | |
| | |
| DOMESTIC FILING | |
| NAME: KMP HOLDINGS LLC | |
| | • |
| EFFECTIVE DATE: | |
| ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP ARTICLES OF ORGANIZATION | |
| PLEASE RETURN THE FOLLOWING AS PROOF OF FILING: | |
| CERTIFIED COPY XX PLAIN STAMPED COPY XX CERTIFICATE OF GOOD STANDING | |
| CONTACT DEPCON. Doroon Wallago EVT 2020 | |

EXAMINER'S INITIALS:



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DEPALITIELNI OF STATE DIVISION OF CORPORATIONS TALLAHASSEE, FEORIDA

March 14, 2008

DOREEN WALLACE CSC TALLAHASSEE, FL

SUBJECT: KMP HOLDINGS LLC Ref. Number: W08000013691

RESUBMIT

Please give original submission date as file date

We have received your document for KMP HOLDINGS LLC and the authorization to debit your account in the amount of \$130.00. However, the document has not been filed and is being returned for the following:

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

Adding "of Florida" or "Florida" to the end of a name is not acceptable.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr Regulatory Specialist II

Letter Number: 408A00015732

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|---|
| The name of the Limited Liability Company is: | y Company, "LLC," or "LLC") |
| | |
| KMP Financial LLC | |
| (Must end with the words "Limited Liabilit | y Company, "L L C," or "LLC") |
| ARTICLE II - Address: The mailing address and street address of the printing address and street address address and street address | ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ |
| Principal Office Address: | Mailing Address: |
| 222 Palm Beach Road | Frederick C. Biehl, Esq. |
| Panama City Beach Florida 32413 | 75 Eisenhower Parkway Roseland NI 07068 |
| 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 Corporation Service Company | gistered agent are: |
| 1201 Hays Street | |
| | ess (P.O. Box NOT acceptable) |
| Tallahassee City, State, and | FL 32301 d Zip |
| liability company at the place designated in this registered agent and agree to act in this capacity, statutes relating to the proper and complete perf | reept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and ered agent as provided for in Chapter 608, F.S npany |
| Registered Agent's Signatur | (REQUIRED) |

(CONTINUED)
Page 1 of 2

| <u>Title:</u> | Name and Address: |
|---|---|
| "MGR" = Manager "MGRM" = Managing Memb | per |
| MGRM | Thea Blue Kelly |
| | 227 Mott Street Apt. 1 |
| | New York NY 10012 |
| MGRM | Kellie Moore |
| | 2916 Clairmont Road 2323 |
| | Atlanta GA 30329 |
| MGRM | Lisa Puckett |
| | |
| | 222 Palm Beach Road Panama City Beach, FI 32413 |
| | |
| | |
| (Use attachment if necessary) | |
| (Ose attachment it necessary) | |
| CLE V: Effective date, if other | than the date of filing: (OPTIONAL |
| effective date is listed, the date O days after the date of filing.) | must be specific and cannot be more than five business days |
| REQUIRED SIGNATURE: | |
| | |

(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)

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

Frederick C. Biehl, Esq.

Typed or printed name of signee