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## **COVER LETTER**

TO: Registration Section Division of Corporations	
SUBJECT: KD Ware house, LLC (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Norbert J. Fante Jr	
Norbert J. Fante Jr (Name of Person)  Heritage Manage Ment Corp (Firm/Company)	
PO Box 2495 (Address)	
Ocala F 34478 (City/State and Zip Code)	
For further information concerning this matter, please call:	
Ken Kirkpatrick at (352) 482-0777  (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{\$130.00 Filing Fee & }\times \text{\$155.00 Filing Fee & }\times \text{\$160.00 Filing Fee, }\text{\$Certificate of Status & }\$Certified Copy & Certified Cop	n de me
Mailing Address Registration Section  Street/Courier Address Registration Section	

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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:	
	•
KD WAREHOUSE, L	LC
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
21005 SW 339 St Bld 200	PO Ray 2495
2605 SW 33 MSt Bldg 200 Ocala R 34471	PO BOX 2495 OCALA R 34478
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regis business entity with an active Florida registration.)	
The name and the Florida street address of the r	egistered agent are:
Kenneth B. K.	ak mitorick
Name	· · · · · · · · · · · · · · · · · · ·
2605 Sw 33rd, Florida street add	St Blog 200 Iress (P.O. Box <u>NOT</u> acceptable)
Ocala City, State, a	FL 34471
City, State, a	and Zip
liability company at the place designated in tregistered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all reformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S
Registered Agent's Signat	JUN -6 PI
(CONTIN) Page 1 of:	
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The hand and address of each ivi	lanager or Managing Member is as follows:
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
Manager	Kenneth B. Kirkpatrick 260 5 SW 33 0 5+ Bldg 200 Ocala Fi 34471
Manager	James E. Day 2405 SW 33rk St Bldg 200 Orala FE 34471
- <u></u> -	
	the date of filing: (OPTIONAL) st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than an effective date is listed, the date mu	
FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:	st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with of this document of	st be specific and cannot be more than five business days p
FICLE V: Effective date, if other than an effective date is listed, the date must 90 days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a me  (In accordance with of this document contract that the facts states.)	mber of an authorized representative of a member.  th section 608.408(3), Florida Statutes, the execution onstitutes an affirmation under the penalties of perjury ted herein are true.)
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