L08000107022

(Re	questor's Name)	
(Ad	dress)	
(Ad	dress)	
(Cit	y/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL .
(Bu	siness Entity Nan	ne)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



800137658158

11/18/08--01010--006 **500.00

RECEIVED

08 NOV 18 AM 10: 35

B. KOHR

NOV 18 2008

EXAMINER



Z\C€	DRPORAT	E
	ACCESS,	_

AWhen you need ACCESS to the world≅

	•	\mathbf{W}_{A}	ALK IN		03
	PICE	KUP: 1	1/18/08 Emile	<u> </u>	DB HON 18 PI
	CERTIFIED COPY				B P E O
9	РНОТОСОРУ				
	CUS				
	FILING	uc			
(C	ORPORATE NAME AND DOC	UMENT#)	, , , , , , , , , , , , , , , , , , ,	·····	
(C	ORPORATE NAME AND DOC	UMENT #)			
(C	ORPORATE NAME AND DOC	UMENT#)	-		
	ORPORATE NAME AND DOC	LINAENED 40			·





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.

ARTICLE I - NAME

The name of this Corporation shall be "KLE WASHINGTON, LLC"

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is P.O. Box 291095, 5953 Broken Bow Lane, Port Orange, Florida 32129.

ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company. The initial managing member is Keith L. Eichenblatt.

ARTICLE IV

REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT'S SIGNATURE

The name and Florida street address of the registered agent is Keith L. Eichenblatt, 5953 Broken Bow Lane, Port Orange, Florida 32129. Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in this 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 an accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Dated this 23 day of October, 2008.

Keith L. Eichenblatt, Managing Member and Registered Agent

STATE OF FLORIDA COUNTY OF SEMINOLE

The foregoing Articles of Organization were acknowledged before me this <u>23</u> day of October, 2008, by KEITH L. EICHENBLATT. Said person did not take an oath and (check one) \square is personally known to me, or \square produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.

DONNA BATCHELDER
MY COMMISSION # DD 659117
EXPIRES: August 4, 2011
Bonded Thru Notery Public Underwriters

Donna Batehelder

Notary Public - State of Florida Commission Number: DD 659117 My Commission Expires: 08/04/2011