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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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T. CLINE
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EXAMINER

COVER LETTER

| TO; | Registratio Division of | n Section Corporations | | | | | |
|------------------|----------------------------|---|---------------------------------------|---|--|------------------|-----------|
| SUBJE | ECT: KCN | /I Holdings, LLC | | | | | |
| | | Name of Limited | d Liability Con | npany | | | |
| The end | closed Article | s of Organization and fee(s) are so | ubmitted for fil | ling. | | | |
| Please | return all corr | espondence concerning this matte | r to the follow | ing: | | | |
| | Wayne | C. Kessler | | | | | |
| | | | Name of Person | | | | |
| | KCM H | oldings, LLC | _ | | | | |
| | | | Firm/Company | | | - | |
| | 2740 C | oconut Bay Lane, Ur | nit 1K | | | | · |
| | | | Address | | | | |
| (| Sarasota | , FL 34237 | | | | | 2 |
| | | • | /State and Zip C | ode | | | 11 |
| - | wayne@l | (esslercapitalmanagem) E-mail address: (to be used for | | eport notification) | | 25.75 25.75 | ्या रा |
| For fur | ther informati | on concerning this matter, please | | , | | Med Med | C) |
| Wavi | ne C. Kes | sler | at (941 | 、807-6208 | | | PHIZ: OC |
| - | | me of Person | | ode & Daytime Tel | | 34- | 00 |
| Enclos | sed is a checl | k for the following amount: | | | | | |
| \$125,0 0 |) Filing Fee | \$130.00 Filing Fee & Certificate of Status | Certified (| iling Fee & [Copy copy is enclosed) | \$160.00 Fil Certificate of Certified Co (additional co | of Status opy | & |
| | | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Regist Divisi Cliftor 2661 J | Courier Address tration Section ion of Corporation in Building Executive Center hassee, FL 32301 | 18 | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| KCM Hole | dings, LLC | | |
|--|--|---|---------------------|
| TCIVI I ION | | ited Liability Company, "L.L.C.," or "I.L.C.") | |
| | (11,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1,1 | ,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,,, | |
| ARTICLE II - The mailing ad | | of the principal office of the Limited Liability Company is: | |
| Principal Offic | ce Address: | Mailing Address: | |
| 2740 Coconut I | Bay Lane | 2740 Coconut Bay Lane | |
| Unit 1K | | Unit 1K | |
| Sarasota, FL 34237 | | Sarasota, FL 34237 | ٠. |
| | 34 | ₩ 1 W | .a.c |
| (The Limited Liabil business entity wit | - Registered Agent, Re- ity Company cannot serve as its of h an active Florida registration.) the Florida street address | of the registered agent are: | ere e |
| (The Limited Liabil business entity wit | - Registered Agent, Reity Company cannot serve as its of han active Florida registration.) | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: | e M |
| (The Limited Liabil business entity wit | - Registered Agent, Re- ity Company cannot serve as its of h an active Florida registration.) the Florida street address | of the registered agent are: | error in the second |
| (The Limited Liabil business entity wit | - Registered Agent, Relity Company cannot serve as its of han active Florida registration.) the Florida street address Wayne C. Kessl | gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another of the registered agent are: | error to the second |
| (The Limited Liabil business entity wit | - Registered Agent, Relity Company cannot serve as its of han active Florida registration.) the Florida street address Wayne C. Kessl 2740 Coconut E | of the registered agent are: Name | err H. e |
| (The Limited Liabil business entity wit | - Registered Agent, Relity Company cannot serve as its of han active Florida registration.) the Florida street address Wayne C. Kessl 2740 Coconut E | of the registered agent are: Name Bay Lane, Unit 1K street address (P.O. Box NOT acceptable) 34237 | e P |
| (The Limited Liabil business entity wit | - Registered Agent, Registered Agent, Registered Agent, Registred Agent, Registration of the Florida street address Wayne C. Kessl 2740 Coconut E | of the registered agent are: Name Bay Lane, Unit 1K Street address (P.O. Box NOT acceptable) | H. + |

egistered Agent's Signature (REQUIRED)

statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

(CONTINUED)

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

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

| MGRM | Wayne C. Kessler | |
|-------------------------------|---|---------------|
| | 2740 Coconut Bay Lane, Unit 1K | |
| | Sarasota, FL 34237 | |
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| (Use attachment if necessary) | | |
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REQUIRED SIGNATURE:

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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Wayne C. Kessler

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)