

#11000029665

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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MAIL

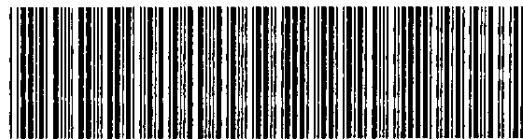
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER

MAR 10 2011



Greenberg & Co.
the business of law

Domestic and International Solutions

March 3, 2011

Registration Section
Divisions of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RE: Application for the formation of KTM II, LLC

Dear Sir or Madam,

This cover letter is in reference to the application for the Articles of Organization for the formation of a new LLC, KTM II, LLC. For any matters concerning this application or KTM II, LLC please contact:

Laura Thurston
Greenberg and Co.
Two Corporate Drive
Suite 234
Shelton, CT 06484

Phone: 203-225-0200 ex 309.

Sincerely,

Laura Thurston
For the Firm

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KTM II, 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:

Laura Thurston

Name of Person

Greenberg and Co.

Firm/Company

Two Corporate Drive Suite 234

Address

Shelton, CT 06484

City/State and Zip Code

dgreenberg@greenbergandco.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Laura Thurston

Name of Person

at (203) 225-0200 ex. 309

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☒ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

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

Street/Courier Address

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:

KTM II, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

7844 Classics Drive
Naples, Florida, 34101

Mailing Address:

303 Umpawaug Rd.
West Redding, CT 06896

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Global Corporate Services, INC.

Name

7920 Royal Lace Terrace

Florida street address (P.O. Box **NOT** acceptable)

Lake Worth 33467

FL

City, State, and Zip

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TALLAHASSEE, FLORIDA

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 and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

Nancy B. Stewart

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

Title:

"MOR" = Manager

"MORM" = Managing Member

Name and Address:

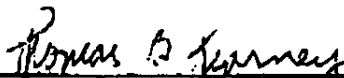
MGRM Thomas B. Kearney

7844 Classics Drive
Naples, Florida 34101

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.817.153, F.S.)

THOMAS B. KEARNEY

Typed or printed name of signee

Filing Fee:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 1.00 Certificate of Status (Optional)