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(Red	questor's Name)		
(Add	dress)		
(Add	dress)		
(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL (Business Entity Name) (Document Number) Certified Copies Certificates of Status Special Instructions to Filing Officer:			
PICK-UP	WAIT	MAIL	
(Bus	siness Entity Nan	ne)	
(Document Number)			
Certified Copies	_ Certificates	s of Status	
Special Instructions to F	Filing Officer:		

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2011 MAR 25 AM 1:25
SECRETARY OF STATE
TALLAHASSEE FIRE

J. SAULSBERRY EXAMINER
MAR 25 2011

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: KNM	1 LLC		
	Name of Limi	ted Liability Company	_
The enclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please return all corre	spondence concerning this mat	tter to the following:	
Keith As	skew		
<u> </u>		Name of Person	
•			
		Firm/Company	
108 Lith	ia Pinecrest		
-		Address	
Brandon,	Florida 33511	TÁL	20
	Ci	ty/State and Zip Code	MAR 25
	E-mail address: (to be used	for future annual report notification)	R 25
For further information	n concerning this matter, pleas	e call:	<u> </u>
Keith Askew		at (813) 230-3932	AH 1:25
Nam	e of Person	Area Code & Daytime Telephone Number 🍑	± 0ñ
Enclosed is a check	for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	S155.00 Filing Fee & \$160.00 Filing Certified Copy (additional copy is enclosed) Certified Copy (additional copy is	Status &
	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 KNM LLC		
(Must end with the words "Limited Li	iability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	e principal office of the Limited Liability Company	is:
Principal Office Address:	Mailing Address:	
108 Lithia Pinecrest Brandon, Florida 33511	108 Lithia Pinecrest Brandon, Florida 33511	
	he registered agent are:	イド所の
108 Lithia Pined	Crest St.	
	t address (P.O. Box <u>NOT</u> acceptable)	
Brandon City,	FL 33511 7, State, and Zip	
Having been named as registered agent and liability company at the place designated tregistered agent and agree to act in this capa statutes relating to the proper and complete	to accept service of process for the above stated limit in this certificate, I hereby accept the appointment as acity. I further agree to comply with the provisions of e performance of my duties, and I am familiar with an registered agent as provided for in Chapter 608, F.S	all

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

108 Lithia Pinecrest	
Brandon, FL 33511	
Mckenzie Gerun	
2817 Pankaw Lane	
Valrico, FL 33596	
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	3
	Mckenzie Gerun 2817 Pankaw Lane Valrico, FL 33596

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.)

Keith Askew

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)