Division of Corporations **Electronic Filing Cover Sheet**

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(((H110001297273)))



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To:

Division of Corporations

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From:

Account Name : CSH SERVICES, LLC

Account Number : 120070000160 Phone : (800)494-3124

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Email Address:

FLORIDA LIMITED LIABILITY CO.

Killpack LLC

Certificate of Status	0
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T. CLINE

MAY 12 2011

EXAMINER

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ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608 and/or 621,F.S.

ARTICLE I NAME

The name of the Limited Liability Company Is:

KILLPACK LLC

ARTICLE II ADDRESS

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

3400 TIMBERWOOD CIRCLE NAPLES, FLORIDA 34105

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE AND REGISTERED AGENT SIGNATURE

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

BRIAN KILLPACK 3400 TIMBERWOOD CIRCLE NAPLES, FLORIDA 34105

Having been named as registered agent 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.

BRIAN KILLPACK / Registered Agent's signature

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KILLPACK LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER
BRIAN KILLPACK
3400 TIMBERWOOD CIRCLE
NAPLES, FLORIDA 34105

SECRETARY OF STATE TALLAHASSEE, FLORIDA

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.

BRIAN KILLPACK