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To: Division of Corporations
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From: Account Name : CSH SERVICES, LLC
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**FLORIDA LIMITED LIABILITY CO.
KaDe LLC**

Certificate of Status	0
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C. LEWIS

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EXAMINER

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

SECRETARY OF STATE
TALEAHASSEE, FLORIDA

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ARTICLE I NAME

The name of the Limited Liability Company is:

KADE LLC

ARTICLE II ADDRESS

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

405 E SILVER SPRINGS BOULEVARD, STE D
OCALA, FLORIDA 34470

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

DAVID M DESANTIS
405 E SILVER SPRINGS BOULEVARD, STE D
OCALA, FLORIDA 34470

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.

x 

DAVID M DESANTIS / Registered Agent's signature

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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

DAVID M DESANTIS

405 E SILVER SPRINGS BOULEVARD, STE D
OCALA, FLORIDA 34470

MANAGING MEMBER

KAREN A LETTERLY


405 E SILVER SPRINGS BOULEVARD, STE D
OCALA, FLORIDA 34470

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x 
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.

DAVID M DESANTIS

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