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SECRETARY OF STATE DIVISION OF CORPORATIONS

T. HAMPTON

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporations			
SUBJECT: Kia Malone LL	_C		
	Name of Limited Liability C	Company	
The enclosed Articles of Organization	and fee(s) are submitted for	filing.	
Please return all correspondence conc	erning this matter to the folk	owing:	
Kia Blair			
	Name of Pers	on	
Kia Malone LLC			
	Firm/Compar	ıy	
504 Doverton Ln.			
	Address		
Debary, FL 32713			
	City/State and Zip	Code	
belak424@cfl.rr.com	ess: (to be used for future annua	ol man and and Election	
		ii report notification)	
For further information concerning thi	s matter, please call:		
Kia Blair	at (386	, 473-4662	
Name of Person		Code & Daytime Tele	phone Number
Enclosed is a check for the following	ng amount:		
125.00 Filing Fee \$\sqrt{\sq}}}}}}}}}}}}} \sqrt{\sq}}}}}}}}}}}} \sqit{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\sq}}}}}}} \sqrt{\sqrt{\sqrt{\sqrt{\sq}}}}}}}} \sqrt{\sqrt{\si	e of Status Certified	Filing Fee &	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Regi Corporations Divi 327 Cliff , FL 32314 2661	et/Courier Address istration Section ision of Corporations ton Building 1 Executive Center C ahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RTI	CI	r	T	N		۸.
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The name of the Limited Liability Company is:

Kia Malone 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:	Mailing Address:
504 Doverton Ln.	504 Doverton Ln.
Debary, FL 32713	Debary, FL 32713

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:

Kia Blair	
	Name
504 Do	overton Ln.
	Florida street address (P.O. Box NOT acceptable)
Debary	_{FL} 32713
	City, State, and Zip

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.

Registered Agent's Signature (REQUIRED

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
DIVISION OF CORPORATIONS

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

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

<u>Title:</u>	Name and Address:
"MGR" = Manager "MGRM" = Managing Me	mber
MGRM	Kia Blair
	504 Doverton Ln. Debary, FL 32713
	Dobaly, 1 C 327 13
MGRM	
	
	
(Use attachment if necessa	ry)
TICLE V. Effective date if oth	er than the date of filing: (OPTIONAL)
an effective date is listed, the da	ate must be specific and cannot be more than five business days prior
or 90 days after the date of filin	g.)
<u>REQUIRED</u> SIGNATUR	E:
	da la arr
Signature	of a member of an zathorized 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.)

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)

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