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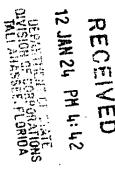
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COVER LETTER

TO: Registration Section Division of Corporations	•		
SUBJECT: KMAT	Name of Limited L	ing LLC iability Company	· · · · · · · · · · · · · · · · · · ·
The enclosed Articles of Organizati	on and fee(s) are subm	nitted for filing.	
Please return all correspondence con	horeeming this matter to		12 JAN SECRE IA
		n/Company	SEEFFLOO
2556 A Par		Address	SZ RIDA
Kmat con-		hausee FL. E te and Zip Code Q q hoo, Com mire annual report notification	32308
For further information concerning **Name of Person**	,	(850) 5 (Area Code & Daytime Te	91-7688 lephone Number
Enclosed is a check for the follow	wing amount:		
\$125,00 Filing Fee \$130,00 Certific	Filing Fee & cate 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)
Division P.O. Box	ion Section of Corporations	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:
(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: D556 Panther Creek RD Tallahasse R 32308
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: Agent
Having been named as registered agent and to accept service of process for the above stated limite 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 a statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position ar registered agent as provided for in Chapter 608, F.S Registered Agent's Signature (REQUIRED)

Page 1 of 2

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member (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.817.155, F.S.)

Page 2 of 2

\$125,00 Filing Fee for Articles of Organization and Designation

Filing Fees:

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)