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SECRETARY OF STATE DIVISION OF CORPORATIONS

## COVER LÉTTER <sup>2</sup>

TO: Registration Section Division of Corporations	
SUBJECT: KCV REALTY, LLC	c <sub>o</sub>
	Liability Company
The enclosed Articles of Organization and fee(s) are sul	Liability Company  mitted for filing.
Please return all correspondence concerning this matter	to the following:
CODY VANDERGRIFT	ome of Person
KCV REALTY, LLC	
7380 SAND LAKE RD., SUIT	rm/Company
	Address
ORLANDO, FL 32819	·
City/S	tate and Zip Code
E-mail address: (to be used for	future annual report notification)
For further information concerning this matter, please co	ill:
CODY VANDERGRIFT	<sub>t.(</sub> .407 ) 415-5342
Name of Person .	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
/\$125.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy Certificate of Status & Cadditional copy is enclosed)  Certified Copy (additional copy is enclosed)
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 is:	A Post	
• • •	· · · · · · · · · · · · · · · · · · ·	
KCV REALTY, LLC	by Company, "L.L.C.," or "LLC.")	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")	
	<b>学</b>	
ARTICLE II - Address:		
The mailing address and street address of the pri	ncipal office of the Limited Liability Company is	
T) ' '   C) CO	3# 92 A 13	
Principal Office Address:	Mailing Address:	
7380 SAND LAKE ROAD	7380 SAND LAKE ROAD	
SUITE 500	SUITE 500	
ORLANDO, FL 32819	ORLANDO, FL 32819	
ARTICLE III - Registered Agent, Registered	Office, & Registered Agent's Signature:	
(The Limited Liability Company cannot serve as its own Register		
business entity with an active Florida registration.)		
The name and the Florida street address of the re	egistered agent arc:	
CODY VANDERGRIFT		
Name		
7380 SAND LAKE RO	OAD. SUITE 500	
Florida street address (P.O. Box NOT acceptable)		
	•	
ORLANDO,	FL 32819	
City, Stat	te, and Zip	
Uming hom named as reciptored agent and to a	ccept service of process for the above stated limited	
	is certificate, I hereby accept the appointment as	
	. I further agree to comply with the provisions of all	
	formance of my duties, and I am familiar with and	
	tered agent as provided for in Chapter 608, F.S	
dosop in conganion of my position as region	or our algorithms programmers (or in the analysis to or a 1500)	
/s/ CODY VANDERGE	<del></del>	
Registered Agent's Signatu	re (REOURED)	

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM **CODY VANDERGRIFT** 7380 SAND LAKE ROAD, SUITE 500 ORLANDO, FL 32819 MGR DANIEL RODRIGUEZ 7380 SAND LAKE ROAD, SUITE 500 ORLANDO, FL 32819 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (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: /s/ CODY VANDERGRIFT 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.) CODY VANDERGRIFT Typed or printed name of signee Filing Fees: 5125.00 Filing Fee for Articles of Organization and Designation

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