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ECRETARY OF STATE TO AHASSEF FLORIDA

N. Cuiligan MAY 3 0 2012(

COVER LETTER .

•			
TO: Registratio Division of	n Section Corporations		
SUBJECT: Kloc	Management, LLC		
SUBJECT: 1		d Liability Company	
The anglocad Article	s of Organization and fee(s) are s	ubmitted for filing	
	espondence concerning this matte	-	
riease return an corr	espondence concerning this matter	i to the following.	
<u>Cheryly</u>	nn Pannebecker	Name of Person	
		raine of a croon	
Kloo Ma	anagement, LLC	Firm/Company	
		rimi Company	
17068 8	38th Road North	Address	
		Addiess	
Loxahato	chee, Fl 33470	/State and Zip Code	
rcandlox(@comcast.net	, Julie Lie Lip Jour	
·	E-mail address: (to be used for	or future annual report notific	ation)
For further informati	on concerning this matter, please	call:	
Cherylynn Par	nnebecker	at (561) 719-	4806
Na	me of Person		me Telephone Number
Enclosed is a check	k for the following amount:		
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155,00 Filing Fee & Certified Copy (additional copy is enclosed)	Certificate of Status &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier A Registration Section Division of Corp Clifton Building 2661 Executive (Tallahassee, FL.	on orations Center Circle

ARTICLES OF ORGANIZATION FOR FLO	ORIDA LIMITED LIABIL	ITY COMPA	ANY
ARTICLE 1 - Name: The name of the Limited Liability Company is:			
Kloo Management, LLC			
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited L	lability Comp	any is:
Principal Office Address:	Mailing Address:		
17068 88th Road North	17068 88th Road North		
Loxahatchee, Fl. 33470	Loxahatchee, Fl. 33470		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register			
business entity with an active Florida registration.)		E S	ನ
The name and the Florida street address of the re	egistered agent are:	LAR.	后所 12 MAY 29
Cherylynn Pannbecker		ASS	· 22 型
Name			cid
17068 88th Road	North	FLC, FLC	新 京
Florida street add	ress (P.O. Box NOT acceptable)	善	
Loxahatchee	_{FL} 33470	A	4
City, Sta	te, and Zip		
Having haan named as vegistered agent and to a	perant complete of process for th	a phone stated	limitad

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

Title.		\	
<u>Title:</u>	Name and Address:		
"MGR" = Manager			
"MGRM" = Managing Member		ŧ	
MGR	Cherylynn Pannebecker		
	17068 88th Road North		
	Loxahatchee, Fl 33470		
MGRM	Roy O. Pannebecker		
	17068 88th Road North		
	Loxahatchee, Fl. 33470		
			
		;	
(Use attachment if necessary)			
•	n the date of filing:	. (OPTION	AL)
CLE V: Effective date, if other that effective date is listed, the date mu	n the date of filing: ust be specific and cannot be more than five	. (OPTIONA e business da	
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LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE:	n the date of filing: ust be specific and cannot be more than five Lynn Cannbula tember or an authorized representative of a memb	e business da SECKETAKY FALLAHASSE	ys prior 12 MAY 29
LE V: Effective date, if other that fective date is listed, the date me days after the date of filing.) REQUIRED SIGNATURE: Signature of a me (In accordance with section)	ust be specific and cannot be more than five the specific and cannot be	e business da SEGALTARY OF ST PALLAMASSEE, FLY ber.	ys prior 12 MAY 29
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CLE V: Effective date, if other that ffective date is listed, the date med days after the date of filing.) REQUIRED SIGNATURE: Signature of a medical constitutes an affirmation I am aware that any false	ust be specific and cannot be more than five cannot be more an authorized representative of a member of 608.408(3), Florida Statutes, the execution of this under the penalties of perjury that the facts stated he information submitted in a document to the Departm	ber. document are in are in are	ys prior 12 MAY 29

Page 2 of 2

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Filing Fees:

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