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B. BOSTICK

JUL 3 1 2012

EXAMINER

COVER LETTER

TO:	Registration Section Division of Corporations	·	
SUBJE	ECT: KAI Real Estate Holding	gs, LLC	
5024		Liability Company	
The en	closed Articles of Organization and fee(s) are sub	bmitted for filing.	
Please	return all correspondence concerning this matter	to the following:	
	Aaron M Taylor		
		Name of Person	
	F	Firm/Company	
	6787 Ketona Rd		
		Address	
	North Port FL 34287		12
	City/S	State and Zip Code	<u></u>
	amtdc@hotmail.com	301.	<u>ယ</u> ျားက
•	E-mail address: (to be used for	r future annual report notification)	
For fur	ther information concerning this matter, please c	call:	PH 3
Aaro	on M Taylor	at (941) 445-3643	PH 3: 00
	Name of Person	Area Code & Daytime Telephone Number	
Enclos	sed is a check for the following amount:		
\$125.00	O Filing Fee \$\int\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fe Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	us &
	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 Comp	pany is:			
KAI Real Estate Holdings (Must end with the words "Limit	, LLC ted Liability Company, "L.L.C.," or "LLC.")			
ARTICLE II - Address: The mailing address and street address o		Liability C	compa	any is:
Principal Office Address:	Mailing Address:	•		
6787 Ketona Rd North Port FL 34287	6787 Ketona Rd North Port FL 34287			
ARTICLE III - Registered Agent, Reg (The Limited Liability Company cannot serve as its or business entity with an active Florida registration.)	gistered Office, & Registered Agen wn Registered Agent. You must designate an in-	dividual or and	other	
The name and the Florida street address of the registered agent are:			ال 2	144 N.
Aaron M Taylor			JUL 30	euron.
	Name			1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1
6787 Ketona	Rd	رن نور و نور و	PH 3:	
Florida	street address (P.O. Pay NOT acceptable)	CT.	بب	

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..

FL 34287 City, State, and Zip

Registered Agent's Signature (REQUIRED)

North Port

(CONTINUED)

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

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

MGR	Aaron M Taylor	
	6787 Ketona Road	
	North Port FL 34287	
MGRM	Karen Taylor	
	6787 Ketona Road	
	North Port FL 34287	<u></u>
		-
	, , , , , , , , , , , , , , , , , , , 	
		F
		-
(Use attachment if necessary)		
EV. Effective data if other than	the date of filing:	(OPTIO)

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.)

Aaron M Taylor

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)