

L12000126103

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

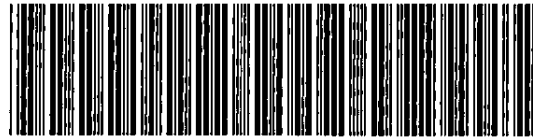
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

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T. CLIN

OCT -3 2012

EXAMINER

CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KA VOLL HOLDINGS, LLC

Signature _____

Requested by: SETH

10/02/12

Name _____

Date _____

Time _____

Walk-In _____

Will Pick Up _____

____ Art of Inc. File _____
____ LTD Partnership File _____
____ Foreign Corp. File _____
____ L.C. File _____
____ Fictitious Name File _____
____ Trade/Service Mark _____
____ Merger File _____
____ Art. of Amend. File _____
____ RA Resignation _____
____ Dissolution / Withdrawal _____
____ Annual Report / Reinstatement _____
____ Cert. Copy _____
____ Photo Copy _____
____ Certificate of Good Standing _____
____ Certificate of Status _____
____ Certificate of Fictitious Name _____
____ Corp Record Search _____
____ Officer Search _____
____ Fictitious Search _____
____ Fictitious Owner Search _____
____ Vehicle Search _____
____ Driving Record _____
____ UCC 1 or 3 File _____
____ UCC 11 Search _____
____ UCC 11 Retrieval _____
____ Courier _____

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR
KA VOLL HOLDINGS, LLC,
a Florida limited liability company

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. The effective date for the formation of this limited liability company is October 2, 2012.

ARTICLE I - NAME

The name of this Corporation shall be "KA VOLL HOLDINGS, LLC."

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is 219 Stratford Drive, Winter Springs, FL 32708.


ARTICLE III - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager managed company. The initial managers are Arlene A. Voll, Debra A. Knipe and Donna L. Nichols.

ARTICLE IV
REGISTERED AGENT, REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE

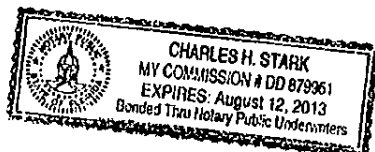
The name and Florida street address of the registered agent is Arlene A. Voll, 219 Stratford Drive, Winter Springs, FL 32708, and to accept service of process for the above stated Limited Liability Company at the place designated in this Certificate, I hereby accept the appointment as registered agent 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.

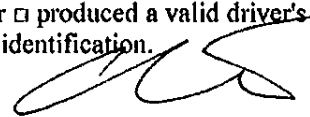
Dated October 2, 2012.


Arlene A. Voll, Manager and
Registered Agent

STATE OF FLORIDA
COUNTY OF ORANGE

The foregoing Articles of Organization were acknowledged before me on October 2, 2012, by ARLENE A. VOLL, ~~DEBRA A. KNIPE~~ and ~~DONNA L. NICHOLS~~. Said persons did not take an oath and (check one) ☒ are personally known to me, or ☐ produced a valid driver's license (issued by a state of the United States within the last five (5) years) as identification.




Charles H. Stark
Notary Public - State of Florida
Commission Number: DD879961
My Commission Expires: August 12, 2013

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