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SECRETARY OF STATE

OCT 2 1 2013

T. BROWN

## COVER LETTER

**Registration Section Division of Corporations** 

Kai Matthews LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

# Krpasindhu Matthews Name of Person Kai Matthews LLC Firm/Company 2231 NW 55th Terrace Address Gainesville, FL 32605 City/State and Zip Code

kaimatthewsllc.@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Krpasindhu	u Matthews	$_{\rm at}$ 352 $_{\rm 0}$ 61	01894
Name	of Person	\	time Telephone Number
Enclosed is a check for	or the following amount:		
<b>□\$</b> 125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee Certified Copy	& \$160.00 Filing Fee, Certificate of Status &

### **Mailing Address**

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

### Street/Courier Address

(additional copy is enclosed)

Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle . Tallahassee, FL 32301

Certified Copy

(additional copy is enclosed)

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - N	•	
The name of the	Limited Liability Com	of the principal office of the Limited Liability Company.
Kai Matthews LL	<u>-                                      </u>	777
	(Must end with the words "Lin	nited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II -	Address.	بن مرکب در برگری نام
		of the principal office of the Limited Liability Company is:
		or the principal office of the Entitled Entitlety Company
Principal Offic	e Address:	Mailing Address:
2231 NW 55th Te	errace	2231 NW 55th Terrace
Gainesville, FL 3	2605	Gainesville, FL 32605
(The Limited Liability business entity with	y Company cannot serve as its of an active Florida registration.)	gistered Office, & Registered Agent's Signature: own Registered Agent. You must designate an individual or another s of the registered agent are:
	Krpasindhu Matthews	;
		Name
	2231 NW 55th Terrac	e
	Florida	street address (P.O. Box NOT acceptable)
	Gainesville	<sub>FL</sub> 32605
		City, State, and Zip
liability com	pany at the place design	t and to accept service of process for the above stated limited ated in this certificate, I hereby accept the appointment as is 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

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member	
MGR	Krpasindhu Matthews
	2231 NW 55th Terrace
	Gainesville, FL 32605
(Use attachment if necessary)	
T.F.V: Effective date if other tha	an the date of filing: (OPTIONA
effective date is listed, the date	must be specific and cannot be more than five busines
o or 90 days after the date of fili	ıg.)
REQUIRED SIGNATURE:	_
<del></del>	. 50
6/	02 ///2/2
/ Dal	Les Ci VIVI

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.)

> Krpasindhu Matthews 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)