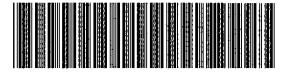
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(Re	equestor's Name)	
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(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	

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EFFECTIVE DATE 11-8-13

TALLAHASSEC, FLORIDA

B. BOSTICK NOV 1 4 2013

COVER LETTER

TO:	Registration : Division of Co	orporations	:	
SUBJE	СТ:	Kyle Rotone Name of Limit	do CC C	
The enc	losed Articles o	of Organization and fee(s) are	submitted for filing.	
Please r	eturn all corres _i	oondence concerning this mat	ter to the following:	
_		Kyle	Rotondo Name of Person Rotondo CLC	
		_	Name of Person	
		Kyle Te	20tondo CLC	
-	· • · · · · · • • •		D' /O	
_	12	132 Vicars L	Address Address Ers FL ty/State and Zip Code Egmail. Com for future annual report notification) e call:	
			Address	
		Fort My	ers FL ?	339/愈 三:
_		Cit	ty/State and Zip Code	SE
_		Kyle, Rotordo	egmail. com	
		E-mail address: (to be used	for future annual report notification)	٠ <u>٠</u> <u>٠</u>
For furt	ner information	concerning this matter, please	e call:	
	Kyle	Rotordo	at (860) 966 -	8420
	' Name	of Person	Area Code & Daytime Telep	phone Number
Enclose	ed is a check f	or the following amount:		
\$125.0	00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & 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 C	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

K	He Ro	tordo (LLC			
(Must end w	ith the words "Lim	nited Liability Cor	npany, "L.L.	C" or "LLC.")		_
ARTICLE II - Address: The mailing address and s	treet address	of the princip	al office o	f the Limited	Liability (Company is:
Principal Office Address	<u>s:</u>	Ma	iling Add	<u>lress:</u>		
12132 Vicars Fort Myers F	Lare L, 339/3		2132 Fort	Vicais Myeis	Lanx FC 3	- 3913 -
ARTICLE III - Register (The Limited Liability Company countries entity with an active Floridae	annot serve as its orida registration.)	own Registered A	gent. You mu	ist designate an inc		
The name and the Florida		•	_			
	Kyle	Koton	do	 	⋝⊹	2
	Kyle 12132	Name Vicars	Lar	~e	LLAHASSEC TIO	2013 NOV 12
- "		street address (SSE	2
F	Fort My	yers FL	339	113	and the second	E.
		City, State, an	d Zip		95	**
Having been named as re liability company at the registered agent and agr all statutes relating to th and accept the obligation	e place design ree to act in th he proper and ns of my positi	nated in this ce is capacity. I complete per ion as register	ertificate, i further ag formance of ged agent o	I hereby accep gree to comply of my duties, a as provided for	ot the appo with the p and I am fa	intment as provisions of imiliar with
	Registered Agen	nt's Signature (R	EQUIRED)			

(CONTINUED)

Page 1 of 2

<u>Citle:</u> 'MGR" = Manager 'MGRM" = Managing Mambar	Name and Address:	
MGRM" = Managing Member MG-P	Kyle Rotondo	
7.101	12132 Vicars Lane	33913
		TOIN BIOT
		33
		CTC 4"
•	ne date of filing: 11/8/13	ORID)
EV: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.)	st be specific and cannot be more tha	(OPTIO
fective date is listed, the date mustor 90 days after the date of filing.) REQUIRED SIGNATURE:	st be specific and cannot be more tha	(OPTIO n five busi
LE V: Effective date, if other than the fective date is listed, the date must or 90 days after the date of filing.) REOUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infort constitutes a third degree felonic	st be specific and cannot be more that the specific and cannot be more that the specific and cannot be more that the secution of this can the penalties of perjury that the facts stated her mation submitted in a document to the Department of the penalties of perjury that the facts stated her mation submitted in a document to the Department of the penalties of perjury that the facts stated her mation submitted in a document to the Department of the penalties of t	(OPTIO) n five busi oer. document rein are true.
E V: Effective date, if other than the fective date is listed, the date must be 90 days after the date of filing.) EEQUIRED SIGNATURE: Signature of a memb (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infor constitutes a third degree felon	er or an authorized representative of a member the penalties of perjury that the facts stated her mation submitted in a document to the Department	(OPTIC n five bus oer. document rein are true.

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

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