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Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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(((H14000024809 3)))



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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : FOLEY & LARDNER Account Number : 072720000061

Phone

: (904)359-2000

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**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

Email Address:

tstringfellow@foley.com

FLORIDA LIMITED LIABILITY CO. KE Brands, LLC

Certificate of Status	0
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Page Count	02
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FEB - 4 2013

T. HAMPTON

1/31/2014

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A Personal to the first	The second secon	
ARTICLE I - Name: The name of the Limited Liability Co	mpsny is:	
and an analysis		
KE Brands, LLC		
(Must end with the words "L	imited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address:		
	s of the principal office of the Limited Liability Company is:	
	s of the principal office of the Entitled Elability Company is:	
Principal Office Address:	Mailing Address:	
6622 Southpoint Drive South	6622 Southpoint Drive South	
Suite 340	Suite 340	
Jacksonville, FL 32216	Jacksonville, FL 32216	
The name and the Florida street address F&L Corp.	ss of the registered agent are:	
••••	Name	
One Independent Drive	e, Suite 1300	
Florid	Florida street address (P.O. Box NOT acceptable)	
Jacksonville	FI. 32202	
	City, State, and Zip	
liability company at the place design registered agent and agree to act in tall statutes relating to the proper an and accept the obligations of my positions.	nt and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as this capacity. I further agree to comply with the provisions of d complete performance of my duties, and I am familiar with ition as registered agent as provided for in Chapter 608, F.S 605	
Registered Age	ent's Signature (REQUIRED) Unther 1306 Signature	
	MALCOB:	
	CONTINUED)	

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Fax Audit No. H14000024809 3 ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Title: Name and Address: "MGR" = Manager "MGRM" = Managing Member MGRM Steven C. Koegler 6622 Southpoint Drive South, Suite 340 Jacksonville, FL 32216 MGRM Anthony J, Elward 6522 Southpoint Drive South, Suite 340 Jacksonville, FL 32216 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: N/A (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) REQUIRED SIGNATURE: Signature of a member or an authorized representative of a member.

(In accordance with section (ARRES(2)), 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.)

Gardner Davis

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)

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