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SECRETARY OF STATE
ANA CSFE FLORIDA

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## **COVER LETTER**

TO:	Registration Section Division of Corporations		
SUBJI	ECT: KD Creative Services, LLC Name of Lir	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Kathleen G. Dotson	Name of Person	
	KD Creative Services, LLC	Firm/Company	
		Tunicompany	
	6842 Abelson Avenue	Address	THE COR
	North Port, Florida 34291	City/State and Zip Code	HARST
	DOTSONCC@AOL.COM E-mail address: (to be use ther information concerning this matter, ple	d for future annual report notifica	ation) France State
KATH	LEEN G. DOTSON at ( Name of Person	941 ) 423-6667 Area Code Daytime Tel	lephone Number
Enclos	ed is a check for the following amount:		
<b>☑ \$125</b> .0	00 Filing Fee \$\bigcup \textstyle	S155.00 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 Adds Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	tions ter Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KD Creative Services, LLC	imited Liability Company, "L.L.C.," or "LLC.")
(IVIUSI CIIII WIIII IIIC WOLUS LA	miled Elabority Company, E.E.C., or EEC. )
ARTICLE II - Address:	( 1 0° - 60 1) ( 11 1) ( 12 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0 0
The mailing address and street address of the princ	cipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
6842 Abelson Avenue	6842 Abelson Avenue
North Port, FL 34291	North Port, FL 34291
	office, & Registered Agent's Signature:
(The Limited Liability Company cannot serve as it	ts own Registered Agent. You must designate an individual of stration.)
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis	istered agent are: SAN 3
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis.)  The name and the Florida street address of the regis.  Kathleen G. Dotson	istered agent are: SAN 3
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis.)  The name and the Florida street address of the regis.  Kathleen G. Dotson	istered agent are: SAN 3
(The Limited Liability Company cannot serve as it another business entity with an active Florida regis.)  The name and the Florida street address of the regis.  Kathleen G. Dotson	Name Name SSEE, FLORID
another business entity with an active Florida regis  The name and the Florida street address of the regis  Kathleen G. Dotson  6842 Abelson Avenue	Name Name STATE ST

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 605, F.S..

Page 1 of 2

(CONTINUED)

Title:	Name and Address:	
"AMBR" = Authorized Member		
"MGR" = Manager		
AMBR	Kathleen G. Dotson	
	6842 Abelson Avenue	
	North Port, FL 34291	<del></del>
		····
		<del></del>
ective date is listed, the date must be spentfilling.)	of filing: (OPTIONAL ceific and cannot be more than five business days prior (	(a) (a) to or 90 day
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