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## COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: K& E Publishing L.L.C. 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:
Krista Rausin
Name of Person
Firm/Company
2735 SW 2nd Ct.
Cope Coral Fl. 33914  City/State and Zip Code  Kristarausine earthlink net  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Krista Rausin at (239) 223 - 0082  Name of Ferson Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee Certificate of Status  Certificate of Status  Certificate of Status  Certified Copy (additional copy is enclosed)  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 Circle Tallahassee, FL 32301

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
V R F P. L.	shinall C
(Must end with the words "Limited Liability Con	ipany, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office of the Lin	nited Liability Company is:
Principal Office Address: Mailing A	ddress:
2735 SW 2 Ct.	7735 SW 2nd ct.
Cape Cora   , Fl. 339/4 0	ope Coral, F1. 339/4
ARTICLE III - Registered Agent, Registered Office. & Registered (The Limited Liability Company cannot serve as its own Registered Aganother business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Name  2726 Co. J. and A.	
Florida street address (P.O. Box NOT accepts	ible) #6 F
Cope Coral Fl.	33914
City	Zip Ti OK III
Having been named as registered agent and to accept service of process the place designated in this certificate, I hereby accept the appointment capacity. I further agree to comply with the provisions of all statutes of my duties, and I am familiar with and accept the obligations of my Chapter 605, F.S  Registered Agent's Signature (REQUIR	nent as registered agent and a fee to act in this relating to the proper and complete performance nosition as registered agent as provided for in

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:	
"AMBR" = Authorized Member "MGR" = Manager		
Krista Kausin AM	BR 2735 SW 2nd Ct.	
	- COAC, FI. 35119	
tric Kausin AMB	Cyc. Com. Fl. 33914	
(Use attachment if necessary)		
CLE V. Effective data if other than the data of	Mark 28 2014 OPTIGE	
effective date is listed, the date must be spec	of filing: March 28, 2014 (OPTIONAL) cific and cannot be more than five business days prior for 90.	<del>"da</del> ys af
effective date is listed, the date must be spec	rific and cannot be more than five business days prior to by 90.	
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effective date is listed, the date must be specte of filing.)	cific and cannot be more than five business days prior 100 (1990)	
effective date is listed, the date must be specte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men	aber or an authorized representative of a member.	
effective date is listed, the date must be specte of filing.)  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men  (In accordance with section 605 constitutes an affirmation under	ober or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.	
REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	ober or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true.  .ation submitted in a document to the Department of State	
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REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	nber or an authorized representative of a member.  .0203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true. action submitted in a document to the Department of State as provided for in s.817.155, F.S.)  Typed or printed name of signce	

ARTICLE IV-

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