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(City	//State/Zip/Phone	; #)
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2014 SEP -3 PM 4-2

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ACCOUNT NO. : I2000000195

REFERENCE :

280790 4305390

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE: September 3, 2014

ORDER TIME : 1:18 PM

ORDER NO. : 280790-005

CUSTOMER NO: 4305390

DOMESTIC FILING

NAME: KARL FAMILY, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION ___ CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_ CERTIFIED COPY XX PLAIN STAMPED COPY ____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Courtney Williams - EXT. 62935

EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited	Liability Company is:	
KARL FAMILY, LLC	est end with the words	"Limited Liability Company, "L.L.C.," or "I,LC,")
ARTICLE II - Address: The mailing address and		incipal office of the Limited Liability Company is:
Principal Office Addres	s:	Mailing Address:
24 Dockside Lane, #4 Key Largo, FL 33037	46	24 Dockside Lane, #446 Key Largo, FL 33037
(The Limited Liability Co another business entity we The name and the Florida	ompany cannot serve as with an active Florida re	
		Name
-	4 Dockside Lane, #4	
	`	P.O. Box NOT scceptable)
_	Key Largo City	FL 33037 Zip
the place designated is capacity. I further agree of my duties, and I am	in this certificate, I here the to comply with the pr familiar with and acce Kenneth Karl	accept service of process for the above stated limited liability company at the appointment as registered agent and agree to act in this covisions of all statutes relating to the proper and complete performance up the obligations of my position as registered agent as provided for in Chapter 683, F.S

(CONTINUED)

Page 1 of 2

Title;		Name and Address:
"AMBR" = Authori:	zed Member	
"MGR" = Manager		
MGR		Kenneth Karl
		24 Dockside Lane, #446
		Key Largo, FL 33037
MGR		Stephanie Karl
		24 Dockside Lane, #446
		Key Largo, FL 33037
		
=		
(Use attachment if n	ecessary)	
LE V: Effective date, ffective date is listed,	if other than the date of f	filing: (OPTIONAL) ic and cannot be more than five business days prior to or 90
CLE V: Effective date, ffective date is listed, e of filing.)	if other than the date of t the date must be specif	
CLE V: Effective date,	if other than the date of f the date must be specifi ns, if any.	ic and cannot be more than five business days prior to or 90
TLE V: Effective date, ffective date is listed, e of filing.) TLE VI: Other provision REQUIRED SIGN	if other than the date of the date must be specifins, if any. ATURE: Signature of a memb	to and cannot be more than five business days prior to or 90
ILE V: Effective date, ffective date is listed, of filing.) ILE VI: Other provision REQUIRED SIGN (In acco	if other than the date of the date must be specifiens, if any. ATURE: Signature of a membiodance with section 605	for an Authorized representative of a member.
LE V: Effective date, ffective date is listed, of filing.) LE VI: Other provision REQUIRED SIGN (In acco	if other than the date of the date must be specified, in s	to and cannot be more than five business days prior to or 90

Page 2 of 2

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)