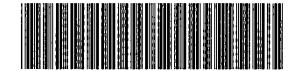
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| Certified Copies | Certificates | s of Status |
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| Special Instructions to F | Filing Officer: | |
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Office Use Only



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SEP 1 6 2014 T. HAMPTON

COVER LETTER

TO:

Registration Section

| Division of Corporations | |
|--|---|
| | |
| SUBJECT: K 2 Energy Partners, LLC. Name of Limit | ted Liability Company |
| | |
| The enclosed Articles of Organization and fee(s) are | submitted for filing. |
| Please return all correspondence concerning this man | ter to the following: |
| Michael L. Kally | |
| Michael L. Kelly | Name of Person |
| | |
| K 2 Energy Partners, LLC. | Firm/Company |
| | |
| 9101 Orchid Tree Lane | Address |
| | |
| Pembroke Pines, Florida, 33024 | y/State and Zip Code |
| mikel2043@gmail.com | • |
| E-mail address: (to be used | for future annual report notification) |
| For further information concerning this matter, please | e call: |
| Michael Vally | |
| | Area Code Daytime Telephone Number |
| . | |
| Enclosed is a check for the following amount: | |
| \$125.00 Filing Fee \$\overline{\mathbb{Z}}\$130.00 Filing Fee \$\overline{\mathbb{C}}\$ Certificate of Status | □\$155.00 Filing Fee & □\$160.00 Filing Fee, Certified Copy Certificate of Status & |
| | (additional copy is enclosed) Certified Copy (additional copy is enclosed) |
| | (additional copy is enclosed) |
| Mailing Address | Street/Courier Address |
| Registration Section Division of Corporations | Registration Section Division of Corporations |
| P.O. Box 6327 | Clifton Building |
| Tallahassee, FL 32314 | 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: | • |
|--|--|
| K 2 Energy Partners, LLC. | iability Company, "L.L.C.," or "LLC.") |
| (Must end with the words "Limited Li | iability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office | ce of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| | 9101 Orchid Tree Lane Pembroke Pines, 33024 |
| ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.) The name and the Florida street address of the registered agents. | egistered Agent. You must designate an individual or |
| Michael L. Kelly Name | · |
| Name | |
| 9101 Orchid Tree Lane Florida street address (P.O. Box N | IOT acceptable) |
| Pembroke Pines | FL 33024 |
| Pembroke Pines City | Zip |
| the place designated in this certificate, I hereby accept the capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig | ice of process for the above stated limited liability company at the appointment as registered agent and agree to act in this all statutes relating to the proper and complete performance ations of my position as registered agent as provided for in 605, F.S |
| ん ソ. しり Registered Agent's Signatur | |
| Registered Agent's Signatur | re (REQUIRED) |
| (CONTINUE) Page 1 of 2 | SECONO SE |

| E VI: Other provisions, if any. | <u> Citle:</u> | Name and Address: |
|---|--|--|
| Michael L. Kelly 9101 Orchid Tree Lane Pembroke Pines, Fl. 33024 We attachment if necessary) V: Effective date, if other than the date of filing: | AMBR" = Authorized Member | |
| Use attachment if necessary) V: Effective date, if other than the date of filing: | MGR" = Manager | |
| Use attachment if necessary) V: Effective date, if other than the date of filing: | AMBR | Michael L. Kelly |
| Use attachment if necessary) E.V: Effective date, if other than the date of filing: | | 9101 Orchid Tree Lane |
| Use attachment if necessary) E.V: Effective date, if other than the date of filing: | | |
| CV: Effective date, if other than the date of filing: | | |
| CV: Effective date, if other than the date of filing: | | |
| Signature of a member or an authorized representative of a member. (In accordance with section 605.0203 (1) (b), 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.) Michael L. Kelly Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent | | |
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ARTICLE IV-

Page 2 of 2