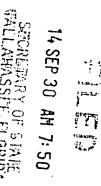
L14006156040

Office Use Only



200263409582

09/30/14--01012--021 **160.00



COVER LETTER

TO:	Registration Se Division of Cor			
SUBJ	ECT: <u>KAD Tran</u> :	sport, LLC Name of Lin	nited Liability Company	
The er	closed Articles of	Organization and fee(s) as	re submitted for filing.	
Please	return all correspo	ndence concerning this m	atter to the following:	
	Dmitriy Y. K	aganov	Name of Person	
			Name of Fergon	
	KAD Transg	oort, LLC	Firm/Company	
	9221 NE 10	5th Ave	Address	
	Bronson, FL	. 32621	City/State and Zip Code	
<u>_d</u>	kaganov@yahoo I	com E-mail address: (to be use	d for future annual report notific	ation)
For fu	rther information co	oncerning this matter, plea	ase call:	
<u>Dmitr</u>	i <mark>y Y. Kaganov</mark> Name c	at (;		elephone Number
Enclos	sed is a check for th	e following amount:		
□ \$125.0	00 Filing Fee C	3\$130.00 Filing Fee & Certificate of Status	□\$155.00 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 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:		
KAD Terrored 11 C		
KAD Transport, LLC (Must end with the words "Limit	ted Liability Company, "L.L.C.," or	· "LLC.")
ARTICLE II - Address: The mailing address and street address of the principa	l office of the Limited Liability Cor	mpany is:
Principal Office Address:	Mailing Address:	
9221 NE 105th Ave Bronson, FL 32621	9221 NE 105th Ave Bronson, FL 32621	
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Florida registra	wn Registered Agent. You must des	
The name and the Florida street address of the register	red agent are:	
Dmitriy Y. Kaganov Na	me	
9221 NE 105th Ave Florida street address (P.O. E	Box NOT acceptable)	
Bronson	FL 32621	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acc capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the	cept the appointment as registered as ns of all statutes relating to the prop	gent and agree to act in this er and complete performance
Registered Agent's Sig	Majonow mature (REQUIRED)	SECULARIA SECURARIA SECURA
(CONTIN	•	SEP 30 VIENASS
Page 1	·	A CONTRACTOR

"AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Darzell L. Kaganov
	9221 NE105th Ave
	Bronson, FL 32621
	DIO13011, 1 L 02021
•	
	
	
	
(Use attachment if necessary)	
ctive date is listed, the date must be spe	of filing: <u>09/25/2014</u> (OPTIONAL) ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.)	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.)	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REOUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer	Laganov mber or an authorized representative of a member.
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605)	Lagaror mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
ctive date is listed, the date must be spe f filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mer (In accordance with section 60% constitutes an affirmation under	D. Lagarov mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 602 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State?
retive date is listed, the date must be spet filling.) E VI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a mere (In accordance with section 602 constitutes an affirmation under I am aware that any false inform	D. Lagarov mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true.
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 602 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of a member are the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State?
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 602 constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. The penalties of perjury that the Department of State of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of penalties o
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rather penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State of y as provided for in s.817.155, F.S.)
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document representative of perjury that the facts stated herein are true. The penalties of perjury that the Department of State of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of perjury that the facts stated herein are true. The penalties of penalties o
REQUIRED SIGNATURE: Signature of a mer (In accordance with section 605 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rather penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State or y as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a men (In accordance with section 600 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Darzell L. Kagan	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rather penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State or y as provided for in s.817.155, F.S.) Typed or printed name of signee
REQUIRED SIGNATURE: Signature of a men (In accordance with section 600 constitutes an affirmation under I am aware that any false inform constitutes a third degree felony Darzell L. Kagan	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document rethe penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State or years provided for in s.817.155, F.S.) Typed or printed name of signee

ARTICLE IV-