## L14000190736

| (Re                     | equestor's Name)   |           |
|-------------------------|--------------------|-----------|
| (Ad                     | ldress)            |           |
| (Ad                     | dress)             | <u>.</u>  |
| (Cit                    | ty/State/Zip/Phone | #)        |
| PICK-UP                 | WAIT               | MAIL ,    |
| (Bı                     | isiness Entity Nam | e)        |
| (Do                     | ocument Number)    |           |
| Certified Copies        | _ Certificates     | of Status |
| Special Instructions to | Filing Officer:    |           |
|                         |                    |           |
|                         |                    |           |
|                         |                    |           |
| 1                       | Office Use Onl     | v         |



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14 DEC TO AH 9:31
SECRETARY OF STATE
ALLAHASSEE FLORIDA

J. Shivers DEC 1 6 2014

## **COVER LETTER**

| TO:       | Registration Section Division of Corporations   |   |
|-----------|---|---|
| SUBJE     | ECT: Kenneth M. Fowler LLC  Name of Lin   | mited Liability Company   |
|           |   |   |
|           | closed Articles of Organization and fee(s) a  | -   |
| Please    | return all correspondence concerning this n   | natter to the following:  |
|           | Kenneth M. Fowler   |   |
|           |   | Name of Person  |
|           | Kenneth M. Fowler LLC   |   |
|           |   | Firm/Company  |
|           | P.O. Box 15281  |   |
|           |   | Address   |
|           | Pensacola, FL 32514   |   |
|           | (   | City/State and Zip Code   |
| <u>k3</u> | B7f@att.net E-mail address: (to be use  | ed for future annual report notification)   |
| For fur   | ther information concerning this matter, ple  | ease call:  |
|           |   |   |
| Kenne     | eth M. Fowler at (  Name of Person  | 937 581-3100 Area Code Daytime Telephone Number   |
|           |   |   |
| _         | ed is a check for the following amount:  00 Filing Fee \$\sum_\$\$130.00 Filing Fee & Certificate of Status | □\$155.00 Filing Fee & □\$160.00 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<br>The name of the Lim  | ::<br>ited Liability Company is:  |  |   |
|--|---|--|---|
| Kenneth M. Fowle                         | r11.C   |  |   |
| Remedia. Lowie                           |   | ed Liability Company, "L.L.C.," or "l  | LLC.")  |
| ARTICLE II - Add<br>The mailing address  |   | office of the Limited Liability Comp   | any is:   |
| Principal Office Ad                      | dress:  | Mailing Address:   |   |
| 9700 Camberwell                          | Rd., Pensacola, FL 32514  | P.O. Box 15281, Pensacola,   | FL 32514  |
|  |   | e, & Registered Agent's Signature:   |   |
|  | ity with an active Florida registrat  |  |   |
| The name and the Fl                      | orida street address of the register  | ed agent are:  |   |
|  | Kenneth M. Fowler   |  |   |
|  | Nan   | ne   |   |
|  | 9700 Camberwell Rd.   |  |   |
|  | Florida street address (P.O. B  | ox NOT acceptable)   |   |
|  | Pensacola   | FL 32514   |   |
|  | City  | Zip  |   |
| the place designo<br>capacity. I further | nted in this certificate, I hereby acc<br>agree to comply with the provision<br>I am familiar with and accept the c | service of process for the above stated ept the appointment as registered age as of all statutes relating to the proper obligations of my position as registere apter 605, F.S | nt and agree to act in this<br>and complete performance |
|  | Fla   | ZU   | <b>1</b>  |
|  | Registered Agent's Sign   | nature (REQUIRED)  | 14 DE<br>SECRE  |
|  | (CONTIN   | (UED)  | 14 DEC 10<br>ECRETARY<br>LLAHASSEE                      |
|  | Page 1 o  | of 2   | O AM 9:31   |

| <u>Fitle:</u> "AMBR" = Authorized Member   | Name and Address:   |
|--|---|
| MGR" = Manager   |   |
| MGR S  | Kenneth M. Fowler   |
|  | 9700 Camberwell Rd.<br>Pensacola, FL 32514  |
|  | 1 61346014, 1 E 32314   |
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| Use attachment if necessary)   |   |
| ctive date is listed, the date must be s<br>f filing.)   | te of filing:   |
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| CV: Effective date, if other than the date tive date is listed, the date must be so filling.)  | te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90   |
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| CV: Effective date, if other than the date tive date is listed, the date must be s   | te of filing: (OPTIONAL)  pecific and cannot be more than five business days prior to or 90   |
| CV: Effective date, if other than the date ctive date is listed, the date must be so filling.) CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a manual content of the c | pecific and cannot be more than five business days prior to or 90   |
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| CV: Effective date, if other than the date ctive date is listed, the date must be so filing.)  CVI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a man (In accordance with section of constitutes an affirmation under the constitutes an affirmation under the constitutes an affirmation under the constitutes and affirmation under the constitutes and affirmation under the constitutes are affirmation under the constitutes and affirmation under the constitutes are affirmation | pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true.  |
| CV: Effective date, if other than the date tive date is listed, the date must be so filing.)  EVI: Other provisions, if any.  Signature of a management of the constitutes an affirmation und I am aware that any false info   | pecific and cannot be more than five business days prior to or 90 member or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document  |
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| CV: Effective date, if other than the date extive date is listed, the date must be so filing.)  CVI: Other provisions, if any.  Signature of a material constitutes an affirmation under a material and aware that any false infections titutes a third degree felor   | nember or an authorized representative of a member. 605.0203 (1) (b), Florida Statutes, the execution of this document der the penalties of perjury that the facts stated herein are true. 605.0203 (1) (a) (b) (b) (c) (c) (c) (c) (c) (c) (c) (c) (c) (c  |
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