

L15000005925

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H15000008965 3)))



H150000089653ABC1

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : LAW OFFICE OF NATHAN L. TOWNSEND, PA
Account Number : I20050000145
Phone : (813)988-5500
Fax Number : (813)988-5510

FILED

2015 JAN 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: mdevane@tampabay.rr.com

RECEIVED
15 JAN 12 AM 10:00
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
KM DeVane, LLC

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

JAN 13 2015
J. HARRIS

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION
OF
KM DEVANE, LLC

ARTICLE I - NAME

The name of the limited liability company is KM DeVane, LLC, ("company").

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:
6308 Jacqueline Arbor Dr.
Temple Terrace, Florida 33617

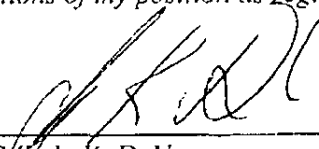
Mailing Address:
P.O. Box 16626
Tampa, Florida 33687-6626

ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

The name and the Florida street address of the registered agent are:

Mindy K. DeVane
6308 Jacqueline Arbor Dr.
Temple Terrace, Florida 33617

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.


Mindy K. DeVane

FILED
2015 JAN 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - MANAGERS OR MEMBERS

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"MGR" = Manager

"AMBR" = Authorized Member

Name and Address:

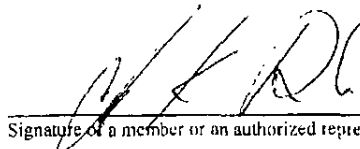
MGR

Mindy K. DeVane
6308 Jacqueline Arbor Dr.
Temple Terrace, Florida 33617

MGR

Kenneth M. DeVane
6308 Jacqueline Arbor Dr.
Temple Terrace, Florida 33617

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.

(In accordance with section 605.205(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Mindy K. DeVane

Typed or printed name of signer

FILED
2015 JAN 12 AM 8:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA