# 2000

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S. YOUNG

JAN 22 2015

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KAYMAR SOLUTION	IS, LLC			
			A	rt of Inc. File
			L	TD Partnership File
			F	oreign Corp. File
			_	.C. File
			F	ictitious Name File
			т	rade/Service Mark
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			R	A Resignation
		i	D	Dissolution / Withdrawal
		l	^	Annual Report / Reinstatement
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Signature	<del></del>			Fictitious Owner Search
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			i	Driving Record
Requested by: BA	1/21/15		'	UCC 1 or 3 File
Name	Date	Time	'	UCC 11 Search
Hanne		IHIC	'	UCC 11 Retrieval
Walk-In	Will Pick Up		'	Courier

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KAYMAR SOLUTION	S, LLC			
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				Art of Inc. File
		ŀ		LTD Partnership File
		1		Foreign Corp. File
			<u> </u>	L.C. File
				Fictitious Name File
		ŀ		Trade/Service Mark
				Merger File
		į		Art. of Amend. File
				RA Resignation
				Dissolution / Withdrawal
				Annual Report / Reinstatement
				Cert. Copy
			<u> </u>	Photo Copy
				Certificate of Good Standing
				Certificate of Status
				Certificate of Fictitious Name
				Corp Record Search 2
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				Fictitious Search
Signature				Fictitious Owner Search ST 5
•				Vehicle Search
	<del>-                                    </del>			Driving Record
Requested by: BA	1/21/15		<del></del>	UCC 1 or 3 File
Name	<del></del>	Time		UCC 11 Search
		1		UCC 11 Retrieval
Walk-In	Will Pick Up _		<del></del>	Courier

#### COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Kay Mar Solutions Name of Limi	LLC
Name of Limi	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
RICHARD BRUND	Name of Person
KayMar Salutions,	Firm/Company
15 PARDISE PLAZA	Address
Salasou FC 30 City Kaymansolutions agm E-mail address: (10 bensed i	12-39 State and Zip Code
E-mail address: (to be used i	or future annual report notification)
For further information concerning this matter, please	call:
Riej+ARO BRYOD at (9) Name of Person	Area Code Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	S155.00 Filing Fee & Certified Copy (additional copy is enclosed)  S160.00 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 Liabili	ty Company is:				
KayMar Soly	tions LLC with the words "Limited L	iability Com	pany, "L.L.C.," or "	LLC.")	
ARTICLE II - Address: The mailing address and street a					
Principal Office Address:		Mailing A	<u>ldress:</u>		
15 lasase Plaza	39	5	Anz		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own R	egistered Age			l or
The name and the Florida street a	iddress of the registered a	gent are:			
KELL	BRIND Name				
	Name				
<u>15 (</u>	ARADISE POPL	- #15	5		
Florida :	street address (P.O. Box N	OT acceptat	olo)		
_5//	DSv: O	FL	34239		
	City	_	Zip		
Having been named as registered the place designated in this ce capacity. I further agree to com of my duties, and I am familian	rtificate, I hereby accept the uply with the provisions of a with and accept the obligations.	ne appointment all statutes re ations of my p 605, F.S.	nt as registered ager lating to the proper position as registered	n and agree to act and complete perj	t in this formance
	gailotta i gant a digililia	· (ABQUIAL	,	i,,, <b>-</b>	•
	(CONTINUED	))		SECRETALLA	可
·	Page 1 of 2			JAN 21 PH 3 LE RETARY OF STATE ANDASSEE, FLORID	FILED

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
MER	Krosaro Baros
	1794 DOK VALUS DR.
	Salas, 2, 6- 34232
AMBR	Jan Bruns
	1796 DAIC WARES DR.
	500000 EC, 26535
(Use attachment if necessary)	
ective date is listed, the date must b of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days prior to or 90
ective date is listed, the date must bof filing.)  E VI: Other provisions, if any.	e specific and cannot be more than five business days prior to or 90
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ective date is listed, the date must be filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a (In accordance with section constitutes an affirmation to	member or an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.
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Signature of a constitutes a third degree for Articles of \$30.00 Certified Copy (Optional	member or an authorized representative of a member.  a 605.0203 (1) (b), Florida Statutes, the execution of this document ander the penalties of perjury that the facts stated herein are true.  aformation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.)  Typed or printed name of signee  Filing Fees: