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COVER LETTER

| TO: | Registration Division of C | Section Corporations | | |
|---|-------------------------------|--|---|--|
| SUBJE | ст: <u>к&кс</u> | Construction Services LLC Name of Lir | nited Liability Company | |
| | | Nume of Em | inca Eucliny Company | |
| The end | closed Articles | of Organization and fee(s) a | re submitted for filing. | |
| Please 1 | return all corre | spondence concerning this m | atter to the following: | |
| | Kevin Jol | nn McMeniman | | |
| | | | Name of Person | |
| | | | | |
| | | | Firm/Company | |
| | 1419 5th | Street \M | | |
| | 1419 501 | Sileet VV | Address | |
| | | | | |
| | <u>Palmetto.</u> | FL 34221 | City/State and Zip Code | ···· |
| <u>bo</u> | stonkev33@c | ımail.com | | |
| | | | d for future annual report notifica | ition) |
| For furt | ther information | n concerning this matter, plea | ase call: | |
| Kevin I | <u>McMeniman</u> | at (<u>\$</u> | 941) 875-4420 | |
| *************************************** | | ne of Person | | lephone Number |
| Englass | ed is a shook fo | r the following amount: | | |
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| 의 \$ 125.00 | 0 Filing Fee | □\$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) |
| | Mai | ling Address | Street/Courier Add | ress |
| | Reg | stration Section | Registration Section | |
| | | sion of Corporations Box 6327 | Division of Corporat Clifton Building | tions |
| | | ahassee, FL 32314 | 2661 Executive Cent | ter Circle |

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|--|--|
| The name of the Limited Liability Company is: | |
| K & K Construction Services LLC. (Must end with the words "Limited Li | ability Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: The mailing address and street address of the principal office | ee of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1419 5th Street W. Palmetto, FL 34221 | 1419 5th Street W. Palmetto, FL 34221 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & I (The Limited Liability Company cannot serve as its own Re another business entity with an active Florida registration.) The name and the Florida street address of the registered ag Kevin John McMeniman Name | egistered Agent. You must designate an individual or |
| | |
| 1419 5th Street W Florida street address (P.O. Box N | OT acceptable) |
| <u>Palmetto</u> | FL 34221 |
| City | Zip |
| capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obligi | ne 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 |

(CONTINUED)

Page 1 of 2

2015 MAR - 3 PM 1: 18

| <u>Title:</u> | Name and Address: |
|--|--|
| "AMBR" ≈ Authorized | Member |
| "MGR" = Manager | |
| MGR | Kevin John McMeniman |
| | 1419 5th St W |
| | Palmetto, FL 34221 |
| MGR | Kenneth James Campagna |
| | 1524 12th Street Drive W |
| | Palmetto, FL 34221 |
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| REQUIRED SIGNATIONS (In accordance constitutes an I am aware that constitutes a the section of t | any. March 1, 2015 (OPTIONAL) ate must be specific and cannot be more than five business days prior to or 90 d any. Mature of a member or an authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.) |
| LE V: Effective date, if of fective date is listed, the of filing.) LE VI: Other provisions, i REQUIRED SIGNATION Signature of the second o | any. Re: and cannot be more than five business days prior to or 90 d any. And the date of filing: March 1, 2015 any. And the date of filing: March 1, 2015 any. And the date of filing: March 1, 2015 any (OPTIONAL) any false information and cannot be more than five business days prior to or 90 d any false information authorized representative of a member. with section 605.0203 (1) (b), Florida Statutes, the execution of this document ffirmation under the penalties of perjury that the facts stated herein are true. any false information submitted in a document to the Department of State |

ARTICLE IV-

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)