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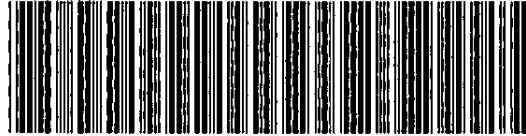
(Business Entity Name)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

2015 MAR -6 PM 1:03

FILED

MAR 25 2015
J. HARRIS

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: KCOV, LLC

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Keith Henthorne

Name of Person

KCOV, LLC

Firm/Company

823 South Orleans Avenue

Address

Tampa, Florida 33606

City/State and Zip Code

keithhen@ymail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Keith Henthorne

Name of Person

at (813) 786-0576

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

☒ \$125.00 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)

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 KCOV, LLC.

ARTICLE II - Principal Office Address:

The mailing address and street address of the principal office of the limited liability company is:

823 South Orleans Av.
Tampa, FL 33606

ARTICLE III - Registered Agent, Registered Office and Registered Agent's signature:

The name and Florida street address of the limited liability company's initial registered agent for service of process in Florida are:

Keith Henthorne
823 South Orleans Av.
Tampa, FL 33606

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, Florida Statutes.



Registered Agent's signature

Article IV - Name and Address of Each Person Authorized to Manage and Control the Limited Liability Company:

Keith Henthorne, as authorized member, 823 South Orleans Av., Tampa, FL 33606.



Keith Henthorne, as member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in Section 817.155, Florida Statutes.)

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TALLAHASSEE, FLORIDA