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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

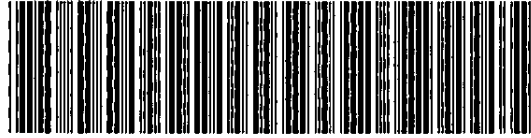
(Business Entity Name)

(Document Number)

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2015 MAR -6 PM 1:03  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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 at ( 813 ) 786-0576  
Name of Person 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:

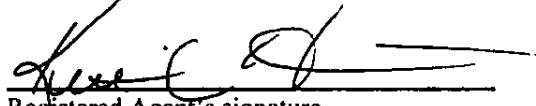
823 South Orleans Av.  
Tampa, FL 33606

**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

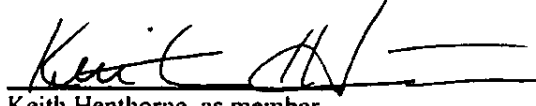
*Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

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