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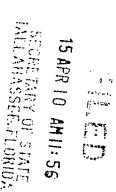
(Requestor's Name)			
(Address)			
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(Cit	ty/State/Zip/Phone	; #)	
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COVER LETTER

	Registration Section Division of Corporations	
SUBJECT	T: AK Report	
The enclose	osed Articles of Organization and fee(s) are submitted	for filing.
Please retur	turn all correspondence concerning this matter to the f	ollowing:
	KimberLy G. Hac	Person
	AK Reportin	g, LLC
	2461 NE 20	th Avenue
	Lighthouse City/State and	Point FL 33064
÷	Kimhacker 144 E-mail address: (to be used for future a	7. 9 MAIL COM
For further	er information concerning this matter, please call:	initial report notification)
1 of further	information concerning this matter, please can.	
<u>Kim</u>	Name of Person Area Code	918-2403 Daytime Telephone Number
Enclosed is	is a check for the following amount:	,
] \$1 25.00 Fil	Filing Fee \$\Bigcup\$\frac{1}{2}\$130.00 Filing Fee & \$\Bigcup\$\Bigcup\$\frac{1}{2}\$155.00 Certificate of Status Certificate	d Copy copy is enclosed) Silon.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 1 - Name: The name of the Limited Liability Company is:				
AK Reportin	g LLC			
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")				
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:			
Principal Office Address:	Mailing Address:			
2461 NE 20th Avenue Light House point, FL 33064	2461 NE 20th Avenue Light House Point, FL 33064			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.	Legistered Agent. You must designate an individual or			
Florida street address (P.O. Box I Lighthouse Point City	G. Hacker Oth Avenue NOT acceptable) FL 33064 Zip			
the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the oblig	5 AP			

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	Kimber Ly Hacker 2461 NE 20th Ave Light House point, FL 33064
MGR	Kimberly Hacker 2461 NE 2012 AVE Light house point FL 33064
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of fi (If an effective date is listed, the date must be specific the date of filing.)	ling:APR(L 18, 2015 c and cannot be more than five business days prior to or 90 days after
ARTICLE VI: Other provisions, if any.	
(In accordance with section 605.02 constitutes an affirmation under the	er or an authorized representative of a member. 03 (1) (b), Florida Statutes, the execution of this document expensive pensities of perjury that the facts stated herein are true. on submitted in a document to the Department of State provided for in s.817.155, F.S.)
	berty G. Hacker 55 ped or printed name of signee
\$125.00 Filing Fee for Articles of Organis \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	Filing Fees: zation and Designation of Registered Agent
	Page 2 of 2

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

ARTICLE IV-