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MAY 21 2015 J SHIVERS

### **COVER LETTER**

TO: Registration S Division of Co				
SUBJECT:	Name of Lin	Ki++ C nited Liabili	construction to Company	n LLC
The enclosed Articles of	of Organization and fee(s) ar	e submitted	for filing.	
Please return all corresp	pondence concerning this ma	atter to the fo	ollowing:	
Jason Kittii	nger			
		Name of	Person	
<del> </del>		Firm/Cor	npany	
167 Sycam	ore Drive			
•		Addre	ess	
Debary, FL	. 32713			
<del></del>		City/State and	l Zip Code	<del> </del>
jrkittinger84	@gmail.com			<u> </u>
	E-mail address: (to be used	for future ar	nnual report notificati	ion)
For further information c	oncerning this matter, pleas	e call:		
Jason Kittin	ger 3:	52	636-1224	
Nai		rea Code	Daytime Telephon	e Number
Enclosed is a check for	the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certifie	O Filing Fee & d Copy I 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 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:			
The hane of the Entitled Elability	Company is.			
Har Sonata action is E.C.	JK1++	- Cons	struction L	.LC
(Must end v	vith the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street ad	dress of the principal of	office of the Lin	nited Liability Company is:	
<u>Princips</u>	l Office Address:		Mailing Addre	<u>ess</u> :
167 Sycamore Drive,	Debary, FL 32713		167 Sycamore Drive, Debary,	FL 32713
		<del></del> -		
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	n Registered Ago		ividual or
The name and the Florida street a	ddress of the registere	d agent are:		
	Jason Kittinger			
		Name		
	167 Sycamore Drive	<u> </u>		
	Florida street addres	ss (P.O. Box NC	OT acceptable)	
	Debary	FL	32713	
	City	State	Zip	

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, F.S..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2



Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Jason Kittinger
WOX	Justin Richigo
E V: Effective date, if other than the date ective date is listed, the date must be sp of filing.)	of filing: 5/15/2015 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 neet the applicable statutory filing requirements, this date will not
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