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T. HAMPTON

## **COVER LETTER**

	istration Section ision of Corporations		
SUBJECT:	KW Online Services,	LLC	
	Name of Li	mited Liability Company	
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return	all correspondence concerning this m	natter to the following:	
_	Kristin N. Woods		
		Name of Person	
_	KW Online Services, LLC	·	
		Firm/Company	
_	8525 Suburban Dr.		
		Address	
	Orlando, FL 32829		
km :	( woods@hotmail.com	City/State and Zip Code	
		d for future annual report notifica	ation)
For further in	formation concerning this matter, ple	ase call:	
Kristin N	. Woods at (	407 758-9166	
	Name of Person		lephone Number
Enclosed is a	check for the following amount:		
□ \$125.00 Filir	ng Fee \$\Bigcup \\$130.00 \text{ 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 Adding Registration Section Division of Corporate Clifton Building 2661 Executive Center Tallahassee, FL 3230	ions er Circle

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KW Online S	Services, LLC			
	(Must end with the words "Lin	mited Liability C	Company, "L.L.	C.," or "LLC.")
ARTICLE II - Ad The mailing addres	dress: as and street address of the princi	pal office of the	Limited Liabili	ity Company is:
Principal Office A	ddress:	<u>Mailin</u>	Address:	
8525 Suburban Dr.		8525 Sub	rban Dr.	
Orlando, FL 32829		Orlando, F	L 32829	
another business e	lity Company cannot serve as its ntity with an active Florida regis florida street address of the regis	tration.)	Agent. You mu	ist designate an individual or
	Kristin N. Woods			
	ľ	Name		
	8525 Suburban Dr.			
	Florida street address (P.O	. Box <u>NOT</u> acc	eptable)	···
	Orlando	FL	32829	
	City		Zip	<del></del>
the place design capacity. I furthe	nated in this certificate, I hereby of a gree to comply with the provised I am familiar with and accept the Registered Agent's S	accept the appoint sions of all statut the oblightions of Chapter 605, F.S.	ntment as registies relating to the my position as i	ve stated limited liability company of ered agent and agree to act in this e proper and complete performance registered agent as provided for in
	·	TINUED) e1of2		HAY 28 AM II:

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager AMBR	Kristin N. Woods
	8525 Suburban Dr.
	Orlando, FL 32629
	***************************************
	Market
EV: Effective date, if other than the date	of filing: (OPTIONAL)
E V: Effective date, if other than the date ective date is listed, the date must be spenf filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
(Use attachment if necessary)  E V: Effective date, if other than the date ective date is listed, the date must be spenfilling.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date excive date is listed, the date must be spenfilling.)  E VI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date extive date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:	Cific and cannot be more than five business days prior to or 9
E V: Effective date, if other than the date of ctive date is listed, the date must be spending.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 605)	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date of the date is listed, the date must be spending.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are true.
E V: Effective date, if other than the date extive date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document
E V: Effective date, if other than the date ective date is listed, the date must be spend filing.)  E VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a mer (In accordance with section 60% constitutes an affirmation under I am aware that any false inform	mber or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document repenalties of perjury that the facts stated herein are true, mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)

Page 2 of 2

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

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