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(Requestor's Name)	
(Address)	
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(City/State/Zip/Phone #)	
PICK-UP WAIT M	AIL
(Business Entity Name)	
(Business Entity Name)	
(Document Number)	
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Special Instructions to Filing Officer:	
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SECRETARY OF STATE
TALLAHASSEE, FLORID,

2015 AUG -3 AH 10: 01

COVER LETTER

TO:	Registration Section Division of Corporations	
SUBJEC	King Travis, LLC	
SOBJEC	Name of Limited Liability Company	
The encl	osed Articles of Organization and fee(s) are submitted for filing.	
Please re	turn all correspondence concerning this matter to the following:	
	Bruce Kolbrenner	
	Name of Person	
	Prager Metis CPAS, LLC	
	Firm/Company	
	12100 Wilshire Blvd., STE 705	
	Address	
	Los Angeles, CA 90025	
	City/State and Zip Code	
	bkolbrenner@pragermetis.com	
	E-mail address: (to be used for future annual report notification)	
For further	information concerning this matter, please call:	
	Bruce Kolbrenner 310 820-1201 at ()	
	Name of Person Area Code Daytime Telephone Number	
Enclosed	is a check for the following amount:	
] \$125.00	Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}	ed)
	Mailing Address Street Address	

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLESOF	ORGANIZATION FOR	FLORIDA LI	MITED LIABILITY COMPANY	,
ARTICLE I - Name: The name of the Limited Liabilit	y Company is:		2015	NUG-3 AM 10:01 ASSEE, FLORIDA
King Travis, LLC			TALLERE	TAN AMID: O
(Must end	with the words "Limited	l Liability Co	mpany, "L.L.C.," or "LLC.")	4 SSEF STATE
ARTICLE II - Address: The mailing address and street ac	Idress of the principal o	Mice of the L	imited Liability Company is:	CORIDA
Princips	al Office Address:		Mailing Ad	dress:
919 80th St NW Bradenton, FL 34209			12100 Wilshire Blvd., STE Los Angeles, CA 90025	705
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a	cannot serve as its own	Registered A		individual or
The name and the Florida street a	ddress of the registered	l agent are:		
	Travis Clark			
		Name		
	919 80th St NW			
	Florida street addres	s (P.O. Box)	NOT acceptable)	•
	Bradenton, FL 34209)		_
	City	State	Zip	-
	_	4	A	

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

		,		• •
	<u> Title:</u>	,	Name and Address:	.4
	'AMBR" = Authorized Mo	mber		. 4.
	"MGR" = Manager			
4	<u>MGR</u>	•	Travis Clark	-
			919 80th ST NW Bradenton, FL 34209	-
	•		Diadentoit 1 D 34209	-
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L	ective date is listed, the da of filing.)	r than the date of filing te must be specific an	: (OPTIONAL) Id cannot be more than five business days prior to or	
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\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)