

Division of Corporations

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**Florida Department of State  
Division of Corporations  
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**To:**  
Division of Corporations  
Fax Number : (850) 617-6381

**From:**  
Account Name : STRALEY AND ROBIN  
Account Number : I20040000189  
Phone : (813) 223-9400  
Fax Number : (813) 223-5043

**\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\***

**Email Address:** trobin@srwlegal.com

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FILED

**FLORIDA LIMITED LIABILITY CO.  
KFI, LLC**

Certificate of Status	<b>1</b>
Certified Copy	<b>1</b>
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**ARTICLES OF ORGANIZATION  
OF  
KFI, LLC**

**ARTICLE I – NAME**

The name of the limited liability company is KFI, LLC, ("company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:  
201 8<sup>th</sup> Street East  
Tierra Verde, Florida 33715

Mailing Address:  
201 8<sup>th</sup> Street East  
Tierra Verde, Florida 33715

**ARTICLE III - REGISTERED AGENT,  
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

The name and the Florida street address of the registered agent are:

STRALEY & ROBIN, P.A.  
ATTN: TRACY ROBIN  
1510 WEST CLEVELAND STREET  
TAMPA, Florida 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, F.S.*

  
\_\_\_\_\_  
TRACY ROBIN

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Member Manager

Name and Address:

Howard M. Shiffman, as Co-Trustee  
of the Howard M. Shiffman Revocable  
Trust, as amended and restated on  
September 3, 2014  
201 8<sup>th</sup> Street East  
Tierra Verde, Florida 33715

Member Manager

Debbie Shiffman, as Co-Trustee  
of the Howard M. Shiffman Revocable  
Trust, as amended and restated on  
September 3, 2014  
201 8<sup>th</sup> Street East  
Tierra Verde, Florida 33715

REQUIRED SIGNATURE:

 11/9/15  
\_\_\_\_\_  
Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203(1)(b), Florida Statutes. 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 s.817.155, F.S.

Tracy J. Robin, Authorized Representative

Typed or printed name of signee