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COVER LETTER

TO: **Registration Section** Division of Corporations

'.	SUBJECT:	KS Property Management LLC			
議	\$ \$50.50 (\$15.50 (\$15.50 \$1.50	Name of Limited Liability Company			
10 (1) 10 (4) 10 (1)	The enclose	d Articles of Organization and fee(s) are submitted for filing.			
16 1 16 1 17 1	Please retur	n all correspondence concerning this matter to the following:			
		Michael Corddry			
E_{z}	Name of Person				
		Knight Spartan LLC			
	Firm/Company 225 Canton Ave Suite 600				
Address		Address			
7 7 63	i 75	Winter Park Florida 32789			
		City/State and Zip Code			
	E-mail address: (to be used for future annual report notification)				
For further information concerning this matter, please call:					
	-	Michael Corddry 407 622-8085at ()			
		Name of Person Area Code Daytime Telephone Number			
	Enclosed is	a check for the following amount:			
]\$125.00 Fil	ing Fee \$\sum_{\text{Certificate of Status}}\\$130.00 Filing Fee & \text{Certified Copy} \\ (additional copy is enclosed)			
· · · · · · · · · · · · · · · · · · ·	Section 1997	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301			

Street Address

& ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE IV-

e 14

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

)	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
over the late	MGR	Michael Corddry
a territoria.	£.,	225 West Canton Ave Suite 600
	-	Winter Park Florida 32789
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	Americkan denomination of the second of the	
		
i storic Laigh goarite	(Use attachment if necessary)	
ARTIC (If an e the dat Note:	effective date is listed, the date must be spete of filing.) If the date inserted in this block does not n	of filing: March 9, 2016 (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed as
	cument's effective date on the Department	of State's records.
ARTIC	CLE VI: Other provisions, if any.	
	REQUIRED SIGNATURE:	
		Michael Corddy
	Signature of a me This document is execut I am aware that any false	mber or an authorized representative of a member. ed in accordance with section 605.0203 (1) (b), Florida Statutes. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.
10.	ไม่ Michael Corddry	

: . :1.

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

''C'

\$ 5.00 Certificate of Status (Optional)