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| (Re | equestor's Name) | |
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| (A | ddress) | |
| (Ac | ddress) | |
| (Ci | ity/State/Zip/Phone | e #) |
| PICK-UP | ☐ WAIT | MAIL |
| (B | usiness Entity Nan | ne) |
| (Do | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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MAR 2 1 2016 T. SCOTT



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SECRETARY OF STATE DIVISION OF CORPORATIONS

COVER LETTER

| | egistration Section ivision of Corporations | |
|---------------|--|---|
| SUBJECT | KC Rentals, LLC | |
| SUBJECT | | ame of Limited Liability Company |
| The enclos | sed Articles of Organization an | d fee(s) are submitted for filing. |
| Please retu | ırn all correspondence concern | ing this matter to the following: |
| | Kevin Crotts | |
| | | Name of Person |
| | | Firm/Company |
| | 1393 Belleair Rd | |
| | | Address |
| | Clearwater, FL 33756 | |
| | | City/State and Zip Code |
| | kevintheshop@aol.com | |
| | E-mail address: (| to be used for future annual report notification) |
| For further i | nformation concerning this ma | tter, please call: |
| | Kevin Crotts | 727 4743796 at () |
| | Name of Person | Area Code Daytime Telephone Number |
| Enclosed i | s a check for the following ame | ount: |
| \$125.00 F | iling Fee \$130.00 Filing Certificate of | |
| | Mailing Address New Filing Section | Street Address New Filing Section |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| KC Rentals, L | LC st end with the words "Limited | I inhilier Common | - "T I C " "I I C ") |
|---|---|--|--|
| (Mu | st end with the words. Limited | Liaointy Company | , L.L.C., or LLC.) |
| RTICLE II - Address: | | | |
| e mailing address and s | treet address of the principal of | fice of the Limited | Liability Company is: |
| <u>P</u> | rincipal Office Address: | | Mailing Address: |
| 10714 Wal | singham RD | : | Same |
| | | | |
| Seminole, | FL 33//0 | | |
| RTICLE III - Register ne Limited Liability Co other business entity w | ed Agent, Registered Office, & | Registered Agent. ' | nt's Signature: You must designate an individual or |
| RTICLE III - Register The Limited Liability Co- nother business entity with | ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration | Registered Agent. ' | n t's Signature: You must designate an individual or |
| RTICLE III - Register The Limited Liability Conother business entity with | ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration street address of the registered | Registered Agent. ' | nt's Signature: You must designate an individual or |
| RTICLE III - Register The Limited Liability Conother business entity with | ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration street address of the registered | Registered Agent. ` a.) agent are: | nt's Signature: You must designate an individual or |
| RTICLE III - Register The Limited Liability Conother business entity with | ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration street address of the registered Kevin Crotts | Registered Agent. `a.) agent are: Name | You must designate an individual or |
| RTICLE III - Register The Limited Liability Conother business entity with | ed Agent, Registered Office, & mpany cannot serve as its own than active Florida registration street address of the registered Kevin Crotts 1393 Belleair Rd | Registered Agent. `a.) agent are: Name | You must designate an individual or |

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

| litle: | Name and Address: |
|---|--|
| AMBR" = Authorized Member | |
| MGR" = Manager | |
| MGR | Kevin Crotts |
| | 1393 Belleair Rd |
| | Clearwater, FL 33756 |
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| V: Effective date, if other than the d tive date is listed, the date must be filing.) | late of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 |
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