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| (Re | equestor's Name) | |
|-------------------------|--------------------|-----------|
| (Ac | idress) | |
| (Ac | ddress) | |
| (Ci | ty/State/Zip/Phone | #) |
| PICK-UP | ☐ WAIT | MAIL |
| (Bi | usiness Entity Nam | ne) |
| (De | ocument Number) | |
| Certified Copies | Certificates | of Status |
| Special Instructions to | Filing Officer: | |
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Office Use Only



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COVER LETTER

| SUBJECT | KNL Liquidations LLC. |
|---------------------|--|
| | Name of Limited Liability Company |
| The enclos | sed Articles of Organization and fee(s) are submitted for filing. |
| Please retu | irn all correspondence concerning this matter to the following: |
| | Kevin Lukatchik |
| | Name of Person |
| | KNL Liquidations LLC. |
| | Firm/Company |
| | 2333 Feathersound Dr. B506 |
| | Address |
| | Clearwater, FL 33762 |
| | City/State and Zip Code |
| | E-mail address: (to be used for future annual report notification) |
| or further | information concerning this matter, please call: |
| | Kevin Lukatchik 570 4176173 |
| | Name of Person Area Code Daytime Telephone Number |
| F | |
| | s a check for the following amount: |
|]\$125. 00 F | iling Fee \$130.00 Filing Fee & \$160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed) Certified Copy |

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|-----------------------------------|
| The name of the Limited Liability Company is: | |
| | |
| KNL Liquidations LLC. | |
| (Must end with the words "Limited Liabil | ty Company, "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of the principal office of | the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| Fincipal Office Address. | Maining Address. |
| 2333 Feathersound Dr, B506 | 2333 Feathersound Dr B506 |
| Clearwater, FL 33762 | Clearwater, FL 33762 |
| | |
| ARTICLE III - Registered Agent, Registered Office, & Reg | istored Agent's Signature |
| (The Limited Liability Company cannot serve as its own Registre | |
| another business entity with an active Florida registration.) | |
| | |
| The name and the Florida street address of the registered agent | are: |
| Kevin Lukatchik | |
| Name | |
| | |

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..

Florida street address (P.O. Box NOT acceptable)

State

2333 Feathersound Dr. B506

City

Clearwater

Registered Agent's Signature (REQUIRED)

Zip

(CONTINUED)

Page 1 of 2

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| Fitle: 'AMBR" = Authorized Memb 'MGR" = Manager | Name and Address: |
|--|---|
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| E V: Effective date, if other the crive date is listed, the date is filing.) | n the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or 90 |
| EV: Effective date, if other the ective date is listed, the date is filing.) the date inserted in this blockment's effective date on the DEVI: Other provisions, if any. | nest be specific and cannot be more than five business days prior to or 90 oes not meet the applicable statutory filing requirements, this date will not partment of State's records. |
| ective date is listed, the date in filing.) the date inserted in this blockment's effective date on the D E VI: Other provisions, if any. | oes not meet the applicable statutory filing requirements, this date will not |
| E V: Effective date, if other the ective date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any. REOUIRED SIGNATURE: | oes not meet the applicable statutory filing requirements, this date will not partment of State's records. |
| E V: Effective date, if other the ctive date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any. REOUIRED SIGNATURE: Signate This docume I am aware the | oes not meet the applicable statutory filing requirements, this date will not partment of State's records. |
| E V: Effective date, if other the ctive date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any. REOUIRED SIGNATURE: Signate This docume I am aware the constitutes a term of the constitutes a term. | cot a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S. |
| EV: Effective date, if other the ctive date is listed, the date is filing.) the date inserted in this blockment's effective date on the DE VI: Other provisions, if any. REOUIRED SIGNATURE: Signate This docume I am aware the constitutes a term of the constitutes are the constitutes a term of the constitutes are the constitutes at the constitutes are the con | c of a member or an authorized representative of a member. is executed in accordance with section 605.0203 (1) (b), Florida Statutes. any false information submitted in a document to the Department of State ind degree felony as provided for in s.817.155, F.S. |