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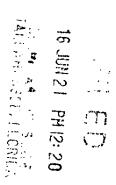
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JUN 2 2016

S. GILBER

COVER LETTER

TO: Registration Section Division-of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following: Name of Person
Firm/Company
P.O. Box 350661
Address Jack Son J. Je J. 32235 Address Gity/State and Zip Code F-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
trancine 6 Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\int_{125.00}\$ \text{Filing Fee} \text{ \$\int_{130.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \$\int_{155.00}\$ \text{Filing Fee & Certified Copy (additional copy is enclosed)}} \$\int_{160.00}\$ \text{Filing Fee, Certified Copy (additional copy is enclosed)}}

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:	
Kivers Mainteno	ince and Repair LL
(Must end with the words "Limited Liability (Jompany, "L.L.C.," of "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:
11469 Jerry Adams VR.	P.D. Box 35066
Jackson ville, FL 32218	Jacksmolle, FC 32235
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
Vames L k Name 1449 Jerry Florida street address (P.O. Box Oacksmulle T City State	Adams De. NOT acceptable) -L 32218

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
-CEO	James L. Rivers Jr. 114169 Jerry Adams De
CF6	trancine 6:05m P.O. 130x 350lete 1 Dackson wille, FL 32235
of filing.)	ecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ective date is listed, the date must be sport filling.)	ecific and cannot be more than five business days prior to or 90 day neet the applicable statutory filing requirements, this date will not be
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E V: Effective date, if other than the date ective date is listed, the date must be specifiling.) the date inserted in this block does not ment's effective date on the Department of E VI: Other provisions, if any. REOUIRED SIGNATURE: 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