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Florida Department of State
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Division of Corporations
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From:

Account Name : MOMBACH, BOYLE & HARDIN, P.A.
Account Number : 074143000064
Phone : (954)467-2200
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Email Address: Jimacura@aol.com

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FLORIDA DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA

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

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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**ARTICLES OF ORGANIZATION
OF
KKMO, LLC**

The undersigned, as the authorized representative of the initial member(s) of **KKMO, LLC**, a Florida limited liability company formed hereunder (the "Company"), on behalf of the member(s) of the Company, hereby forms a limited liability company under the laws of the State of Florida.

**ARTICLE I
COMPANY NAME**

The name of the company is **KKMO, LLC**.

**ARTICLE II
MAILING ADDRESS AND STREET ADDRESS OF COMPANY**

The mailing address, the street address and e-mail address of the principal office of the Company is:

655 NE 6th Avenue
Delray Beach, Florida 33483
Attn: James G. O'Neill

e-mail: Jimacura@aol.com

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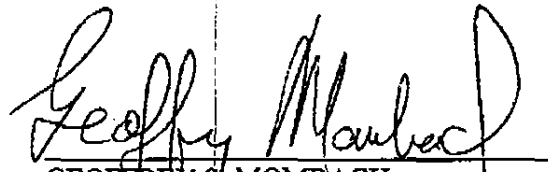
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ARTICLE III
REGISTERED AGENT AND REGISTERED AGENT ADDRESS

The registered agent and the street address of the registered agent of this Company in the State of Florida shall be:

Geoffrey S. Mombach, Esq.
Mombach, Boyle, Hardin & Simmons, P.A.
100 N.E. Third Avenue, Suite 1000
Fort Lauderdale, Florida 33301

IN WITNESS WHEREOF, the undersigned being the authorized representative of the initial member(s) of the limited liability company hereby executes these Articles of Organization, this 7th day of July, 2016.



GEOFFREY S. MOMBACH

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

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STATE OF FLORIDA
COUNTY OF BROWARD

The foregoing instrument was acknowledged before me this 7th day of July, 2016, by
GEOFFREY S. MOMBACH, who (X is personally known to me or who () has produced a
Florida driver's license as identification.

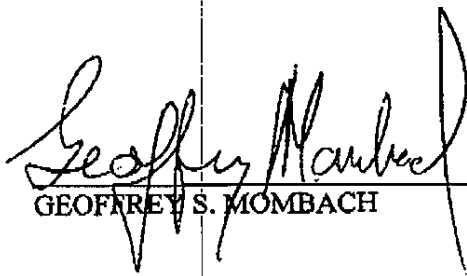


BELINDA R. GILBERTI
MY COMMISSION # FF 049664
EXPIRES: September 17, 2017
Bonded Third Degree Notary Services

Notary Public - State of Florida
My Commission Expires: 09/17/17
Commission Number: FF049664

Having been named as registered agent and to accept service of process for the above 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.

DATED this 7th day of July, 2016.


GEOFFREY S. MOMBACH