

Jul. 20. 2006 11: AM

O'Haire, Quinn, Casalino

No. 3779 P. 2

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Florida Department of State

Division of Corporations
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ALL FLORIDA

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.**

Email Address: sgarner@semonin.com

FLORIDA LIMITED LIABILITY CO.

KILLER

INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

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Revised Cover
sheet attached

July 20, 2016

FLORIDA DEPARTMENT OF STATE
Division of Corporations

O'HAIRE, QUINN, CASALINO, CHARTERED

SUBJECT: KILLER INVESTMENTS, LLC
REF: W16000050233

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

Name on cover sheet and name in article 1 not matching.,

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Tyrone Scott
Regulatory Specialist II
New Filings Section

FAX Aud. #: H16000169818
Letter Number: 116A00015128

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KILLER INVESTMENTS, LLC

(Must end with the words "Limited Liability 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:2306 E Highway 22
Crestwood, KY 40014Mailing Address:2306 E Highway 22
Crestwood, KY 400014**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

Gregg M. Casalino

Name


3111 Cardinal DriveFlorida street address (P.O. Box **NOT** acceptable)Vero BeachFL32963

City

State

Zip

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..


Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

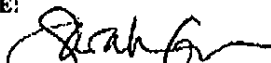
"MGR" = Manager

MGRM**Name and Address:**Sarah Garner2306 E Highway 22Crestwood, KY 40014AMBRTracy Curtin6347 Linewood CircleLouisville, KY 40222

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.**ARTICLE VI:** Other provisions, if any.**REQUIRED SIGNATURE:**

Signature of a member or an authorized representative of a member.
 This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
 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.

Sarah Garner

Typed or printed name of signer

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)