

Division of Corporations

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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850)617-6381

*Tap*

From:

Account Name : CORPORATE CREATIONS INTERNATIONAL INC.  
Account Number : 110432003053  
Phone : (561)694-8107  
Fax Number : (561)694-1639

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
VKLPK LLC**

Certificate of Status	1
Certified Copy	1
Page Count	04
Estimated Charge	\$160.00

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FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS

*11/14/16*

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FLORIDA  
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**ARTICLES OF ORGANIZATION**

**OF**

**VKLPK, LLC**

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**ARTICLE I -- Name:**

The name of the Limited Liability Company is:

**VKLPK, LLC**

**ARTICLE II -- Address:**

The mailing address and the street address of the principal office of the Limited Liability Company is:

**Principal Office Address**

VKLPK, LLC  
4029 SW 5<sup>th</sup> Place  
Cape Coral, Florida 33914

**Mailing Address**

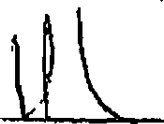
VKLPK, LLC  
4029 SW 5<sup>th</sup> Place  
Cape Coral, Florida 33914

**ARTICLE III -- Registered Agent, Registered Office & Registered Agent's Signature:**

The name and the Florida Street Address of the registered agent are:

Keith Kelley  
311 22<sup>nd</sup> Street  
Niceville, Florida 32578

*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..*

  
\_\_\_\_\_  
Keith Kelley

**ARTICLE IV.**

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

AMBR

Bridget Kelley  
6945 Chestnut Ridge Road  
Orchard Park NY 14127

**SIGNATURE:**

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.

  
Bridget Kelley, Authorized Member

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