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(Reques	stor's Name)	
(Addres	s)	
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17 FEB -6 AM 5: 4
SECRETARY OF STATE
AND ANASSEE, FLORID

COVER LETTER

	Registration Section Division of Corporations			
SUBJECT	KC MERCHANT SOLUTIONS, I	LC		
SODJEC	Name of I	Limited Liability	Company	
The enclo	sed Articles of Organization and fee(s)	are submitted for	or filing.	
Please reti	urn all correspondence concerning this	matter to the fol	lowing:	
	KERRY CULLIGAN			
		Name of P	erson	
	·	Firm/Com		
	8100 W HIGHWAY 98, APT 801	rinibeoin	pany	
		Addres	S	
	PENSACOLA, FL 32506			
	KMCWIZKC@COX.NET	City/State and	Zip Code	
	E-mail address: (to be us	sed for future and	nual report notifica	tion)
For further	information concerning this matter, ple	ease call:		
	KERRY CULLIGAN	850 ()	380-9171	
	Name of Person	Area Code	Daytime Telepho	ne Number
Enclosed	is a check for the following amount:			
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	Certified	Filing Fee & I Copy copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	N D C 2	treet Address lew Filing Section livision of Corpora lifton Building 661 Executive Cen fallahassee, FL 323	ter Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
KC MERCHANT SOLUTIONS, LLC	
(Must end with the words "Limited Liabili	ity 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:
D 1 1 1000 131	27 111 122
Principal Office Address:	Mailing Address:
<u>Principal Office Address</u> : 8100 W HIGHWAY 98	Mailing Address: 8100 W HIGHWAY 98
	· · · · · · · · · · · · · · · · · · ·
8100 W HIGHWAY 98	8100 W HIGHWAY 98

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

Name

8100 W HIGHWAY 98, APT 801

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

PENSACOLA FL 32506

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..

(CONTINUED)

s Signature (REQUIRED)

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SECRETARY OF STATE

AMBR" = Authorized Member MGR" = Manager	MEDDA CHILLICAN
MBR	KERRY CULLIGAN 8100 W HIGHWAY 98, APT 801
	PENSACOLA, FL 32506
	
	· · · · · · · · · · · · · · · · · · ·
V: Effective date, if other than the dative date is listed, the date must be filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 90
tive date is listed, the date must be s filing.)	meet the applicable statutory filing requirements, this date will no
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