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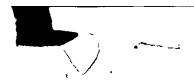
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SECRETARY OF STATE
ALLAHASSEE, FIRBIN

W170000 51912





FLORIDA DEPARTMENT OF STATE Division of Corporations

June 22, 2017

ANTONIO GORE 1739 FLOYD ST. SARASOTA, FL 34239 US

SUBJECT: KICKSTART AM LLC Ref. Number: W17000051912



We have received your document for KICKSTART AM LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 605.0207, F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on . Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

JUAN A REYES Regulatory Specialist II

Letter Number: 317A00012683

COVER LETTER

	lew Filing Section Division of Corporations	
SUBJECT	Name of Limited Liability Company	
The enclose	sed Articles of Organization and fee(s) are submitted for filing.	
Please retu	urn all correspondence concerning this matter to the following:	
	ANTONIO GUCE Name of Person	
	WCKSTOT AM LLC Firm/Company	
	1739 Flow ST. Address	
	Scarole, Fl 34239 City/State and Zip Code	
	E-mail address: (to be used for future annual report notification)	
For further in	information concerning this matter, please call:	
	Antonio Gocc at (941) 525 - 0854 Name of Person Area Code Daytime Telephone Number	
Enclosed is	is a check for the following amount:	
\$125.00 F	Siling Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status (additional copy is enclosed) Certified Copy (additional copy is enclosed)	7
	Mailing AddressStreet AddressAddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301	TILED AN 8: 25

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	Kich	me me	1 LL-C
(Must contai	n the words "Limited	Liability Company	y, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street add	lress of the principal	office of the Limite	ed Liability Company is:
<u>Principal</u>	Office Address:		Mailing Address:
4007 By	ride Drive		19-36 C/- >
Dresser	स उपराठ		Secret + F1 34238
ARTICLE III - Registered Agen The Limited Liability Company curother business entity with an act	t, Registered Office annot serve as its own tive Florida registrati	n Registered Agent on.)	ent's Signature: . You must designate an individual or
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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)

TILL -3 AM 8: 25
SECRETARY OF STATE

Title: "AMBR" = Manager MIGR" = Manager MIGR = Manager MIG	TVA	
(Use attachment if necessary) ARTICLE V: Bifective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft the date of filing.) REQUIRED SIGNATURE: Signature of p member or an authorized representative of a member. This document's executed in accordance with section 605.0203 (1) (b), Florida Statutes.		Name and Address:
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft 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 the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member. This document is occurred in accordance with section 605.0203 (1) (b), Florida Statutes.	"MGR" = Manager	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days aft 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 the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a member of a member. This document's excepted in accordance with section 605.0203 (1) (b), Florida Statutes.	AMDR	
(Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing:		
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the state of the s	This document 45 executed in acc	cordance 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.		

Typed or printed name of signee

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)

HARRIS SILVERMAN M.D.

\$ 5.00 Certificate of Status (Optional)