

**Electronic Articles of Organization
For
Florida Limited Liability Company**

**L17000145957
FILED 8:00 AM
July 07, 2017
Sec. Of State
jafason**

Article I

The name of the Limited Liability Company is:

TS&KS LLC

Article II

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

5640 SW 188TH AVE
SOUTHWEST RANCHES, FL. US 33332

The mailing address of the Limited Liability Company is:

5640 SW 188TH AVE
SOUTHWEST RANCHES, FL. US 33332

Article III

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

SHANNON DAVIS
5640 SW 188TH AVE
SOUTHWEST RANCHES, FL. 33332

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.

Registered Agent Signature: SHANNON DAVIS

Article IV

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The name and address of person(s) authorized to manage LLC:

Title: MGR
SHANNON DAVIS
5640 SW 188TH AVE
SOUTHWEST RANCHES, FL. 33332 US

Title: MGR
TAYLOR J ARENA
5640 SW 188TH AVE
SOUTHWEST RANCHES, FL. 33332 US

Title: MGR
KIM R JONES
5610 SW 188TH AVE
SOUTHWEST RANCHES, FL. 33332 US

Title: MGR
SUE L JONES
5610 SW 188TH AVE
SOUTHWEST RANCHES, FL. 33332 US

Signature of member or an authorized representative

Electronic Signature: SHANNON DAVIS

I am the member or authorized representative submitting these Articles of Organization and affirm that the facts stated herein are true. I am aware that 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. I understand the requirement to file an annual report between January 1st and May 1st in the calendar year following formation of the LLC and every year thereafter to maintain "active" status.