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Certified	Copies		-	Certifica	ites of	Status	·
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Special	Instructio	ns to f	Filing	Officer:			

Office Use Only

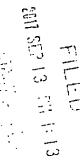


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COVER LETTER

TO:	New Filing Section Division of Corporations		
SUBJE		est In The Kingdon C Limited Liability Company Development	WH Center,
The end	losed Articles of Organization and fee(s)	are submitted for filing.	UC
Please t	eturn all correspondence concerning this r	matter to the following:	
	Mia Po	11te	
	·	Name of Person	
		Firm/Company	
	4768 Wir	Wille Huy#13/8	
	Tall F1 3	2305	
	tavoranitfali E-mail address: (to be us	City State and Zip Code COM sed for future annual report notification)	
For furth	er information concerning this matter, ple	rase call:	
	Mig Polife at ((904) 614 4331 Area Code Daytime Telephone Number	·
Enclos	ed is a check for the following amount:		
]\$125.0	00 Filing Fee \$\int \text{S130.00 Filing Fee & Certificate of Status}		
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division of Corporations	
	P.O. Box 6327	Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassec, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: The name of the Limited Liability Company is:
Must contain the words "Limited Liability Company, "L.L.C.," or "L.L.C.," Development Cer
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: 4768 Woodwille Huy#1318 Toul F1 32305
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 egent are:
Mio Polite
4768 Wooden 16 Heary # 1318 Florida street address (P.O. Box NOT acceptable)
$\frac{Ta}{\text{City}}$ $\frac{F}{\text{State}}$ $\frac{32305}{\text{Zip}}$
laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I wither agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I may be a familiar with and accept the obligations of my position as registered agent as provided by in Chapter 605, F.S.

(CONTINUED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Mia Polik-Authorial Man
48	
(Use attachment if necessary)	
LEV: Effective date, if other than the date fective date is listed, the date must be spe of filing.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 days after
	neet the applicable statutory filing requirements, this date will not be listed as of State's records.
LE VI: Other provisions, if any.	

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 follow as provided for in \$ \$17,155, F.S.

Typed or printed name of signee

constitutes a third degree felony as provided for in s.817.155, F.S.

Filing Fees:

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

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)