L17000203224

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H17000258520 3)))

H17000258520 3ABC/

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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

From:
Account Name : CORP USA
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

FILED
2017 OCT -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Email Address: _____

RECEIVED
17 OCT -2 PM 12:03
DIVISION OF CORPORATIONS
BUREAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO.
KAT 5 HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	$155.00

OCT - 3 2017
C Kinsey

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I

The name of the Limited Liability Company is:

KAT 5 HOLDINGS, LLC

ARTICLE II

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

5490 Dexter Way
Mangonia Park, FL 33407

ARTICLE III

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

FRANK S. HENLEY
5490 Dexter Way
Mangonia Park, FL 33407

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 605.0201, F.S.

FRANK S. HENLEY
Registered Agent

FILED
2017 OCT -2 AM 9:42
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV

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

Title:
"AMBR" = Authorized Member
"MGR" = Manager

Name and Address:

MGR

Frank S. Henley
5490 Dexter Way
Mangonia Park, FL 33407

ARTICLE V

Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing).

ARTICLE VI

Other provisions, if any:

REQUIRED SIGNATURE:

Signature of a member or an authorized representative of a member

(In accordance with Section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.)

FRANK S. HENLEY