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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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C Kinsey

# ICARD MERRILL

ATTORNEYS & COUNSELORS

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October 9, 2017

New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

**RE: Kass Circle, LLC**

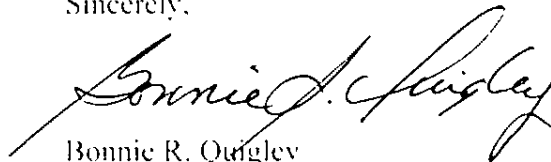
Dear Madam/Sir:

Enclosed herewith please find the following documents relative to the formation of the above-referenced Florida limited liability company:

1. Articles of Organization for Florida Limited Liability Company - executed
2. Check #90805 in the amount of \$125.00 representing filing fee

Should you have any questions, please do not hesitate to contact our office. Thank you!

Sincerely,



Bonnie R. Quigley  
Florida Registered Paralegal

Encs.

00704046-1

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kass Circle, LLC

(Must contain the words "Limited Liability 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:

Principal Office Address:

3561 S. Adobe Drive  
Chandler, Arizona 85286

Mailing Address:

3561 S. Adobe Drive  
Chandler, Arizona 85286

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 agent are:

Richard S. Webb, IV, Esq.

Name

c/o Icard Merrill - 2033 Main Street, Suite 600

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

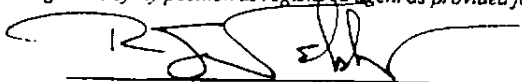
Sarasota Florida 34237

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.*



Registered Agent's Signature (REQUIRED)

(CONTINUED)

CLERK OF STATE  
TALLAHASSEE, FLORIDA

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**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

Manager

**Name and Address:**

Isaac W. King, as sole trustee of the Isaac W. King  
Living Trust w/a/d 3/6/01  
3561 S. Adobe Drive, Chandler, Arizona 85286

(Use attachment if necessary)

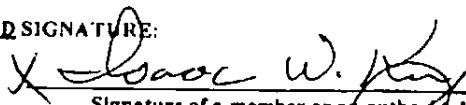
**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

X 

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 felony as provided for in s.817.155, F.S.

Isaac W. King, as sole trustee of Isaac W. King Living Trust w/a/d 3/6/01

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)