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COVER LETTER

	v Filing Section ision of Corporations		
SUBJECT:	4 King Express	mited Liability Company	
The enclosed	d Articles of Organization and fee(s) a	re submitted for filing.	
Please return	n all correspondence concerning this π	natter to the following:	 ५५ - अस्तर प्राक्षाः ५५%
-	Timothy Kin	Name of Person	
		,,,,,,,	
	925 4th 5	1	
•		Address	
	Montreille	Fl 32344 City/State and Zip Code	
	•	Telmod. com	
_		ed for future annual report notification)	•
For further in	formation concerning this matter, plea	ase call:	
	•		
ê mai e s'	Davrien King at (SSG · 9221 Area Code Daytime Telephone Number	No. 1 Was subject to 50
Enclosed is	a check for the following amount:		
\$125.00 Fi	ling Fee S130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327	Street Address New Filing Section Division of Corporations Clifton Building	
	Tallahassee, FL 32314	2661 Executive Center Circle	

Tallahassee, FL 32301

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NEW WIFE C. Y

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain the words "Limited Liability Company, "L.L.C.," or "LEC.")

ARTICLE II - Address:

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

Principal Office Address:

93544

Mailing Address:

925 4+ St

Morr+icc.lb F1

32246

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:

Plorida street address (P.O. Box NOT acceptable)

Nont, cello Fl 323441

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)

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SECRETARY OF STATE

ALL AMASSEE FI SOLE

ARTICLE IV-

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

<u>Title:</u>	Name and Address:			
"AMBR" = Authorized Member			· 20	भागा ध्वास 👇 😘
"MGR" = Manager	·			
·	linichny King			
	cize 4th St			
	monticulo 7-1 3	2344		
				•
•				
(Use attachment if necessary)				
(Obe attachment it resentation)				
STICLE V: Effective date, if other than the date of	filing: (OPTIONA ic and cannot be more than five business days prior	٠L)		
e document's effective date on the Department of RTICLE VI: Other provisions, if any.	State's records.		N# .	्र अध्यक्ष स्वास्ट ६ स्व -
CITCLE VI. Other provisions, it any.				
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REQUIRED SIGNATURE:	•			
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	nothigking			
Signature of a mem	ber or an authorized representative of a member.	O		
This document is executed	in accordance with section 605.0203 (1) (b). Florida	Statules.	~	
I am aware that any false in	information submitted in a document to the Department clony as provided for in s.817.155, F.S.	. ता असदि	201 0	
constitutes a third degree i	clony as provided for its services, i.e.	D		
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	Typed or printed name of signee	TARY O	27	
		33S		
	Filing Fees:	Egg	-	
\$125.00 Filing Fee for Articles of Orga	nization and Designation of Registered Agent			
\$ 30.00 Certified Copy (Optional)		25	ڢ	
\$ 5.00 Certificate of Status (Optional	l)	R	2	