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SECRETARY OF STATE
THE SHARKET FROM THE

K. SALY APR 6 2018

COVER LETTER

TO:	Registration S Division of Co			
SUBJI	ECT: Kountry F	Kustom Enterprise LLC Name of Lir	nited Liability Company	
The en	closed Articles of	Organization and fee(s) and	re submitted for filing.	
Please	return all corresp	ondence concerning this m	atter to the following:	
	David Earl	S	Name of Person	
			Name of Person	
			Firm/Company	
	905 Thoma	as St Apt 29D	Address	
	Starke, FL		City/State and Zip Code	
<u>D</u>	avidearls13@gr	noil aom	d for future annual report notifica	tion)
For fur	ther information	concerning this matter, plea	ase call:	
David		at (_9		ephone Number
Enclos	ed is a check for t	he following amount:		
□ \$125.0	0 Filing Fee	☑\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Regist Divisi P.O. E	ng Address ration Section on of Corporations dox 6327 assee, FL 32314	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent	ions

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Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:	
The name of the Limited Liability Company i	s:
	20
Karrata - Kristana Entanada - I.I.G	
Kountry Kustom Enterprise LLC	ds "Limited Liability Company, "L.L.C.," or "LLC.")
(what end with the work	is Limited Liability Company, L.L.C., of LLC.
ARTICLE II - Address:	
	principal office of the Limited Liability Company is:
· ·	
Principal Office Address:	principal office of the Limited Liability Company is: Mailing Address:
905 Thomas St Apt 29D	905 Thomas St Apt 29D
Starke, FL 32091	<u>Starke, FL 32091</u>
	red Office, & Registered Agent's Signature: e as its own Registered Agent. You must designate an individual or
another business entity with an active Florida	a registration.)
The name and the Florida street address of the	e registered agent are:
Dovid Fodo	
<u>David Earls</u>	Name
	Name .
905 Thomas St Apt	: 29D
	s (P.O. Box NOT acceptable)
	· · ·
Starke	FL 32091
City	y Zip
	to accept service of process for the above stated limited liability company at
	ereby accept the appointment as registered agent and agree to act in this
	provisions of all statutes relating to the proper and complete performance
of my auties, and i am familiar with and ac	except the obligations of my position as registered agent as provided for in Chapter 605, F.S
	Chapter 605, F.S
16	1('A -
[] Kends	
Registered Ag	ent's Signature (REQUIRED)
	, -
(6	CONTINUED)

Page 1 of 2

<u>litle:</u>	Name and Address:
AMBR" = Authorized Membe	Traine and Address.
MGR" = Manager	
AMBR	David Earls
	905 Thomas St Apt 29D
	Starke, FL 32091 (2013)
	
	₩
V: Effective date, if other than tive date is listed, the date me	the date of filing: (OPTIONAL) ust be specific and cannot be more than five business days prior to or
V: Effective date, if other than tive date is listed, the date me filing.) VI: Other provisions, if any.	
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