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Division of Corporations Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAW OFFICE OF NATHAN L. TOWNSEND

Account Number : I20050000145 Phone : (813) 988-5500 Fax Number : (813)988-5510

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

Email Address: HEATHER ROADSU

FLORIDA LIMITED LIABILITY CO.

Kowality LLC

Certificate of Status	1
Certified Copy	ı
Page Count	04
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION

KOWALITY, LLC

ARTICLE I - NAME

The name of the limited liability company is Kowality, LLC, ("company").

ARTICLE II - ADDRESS

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

Principal Office Address: 3142 Grayson Dr.

Melbourne, Florida 32940

Mailing Address: 3142 Grayson Dr.

Melbourne, Florida 32940

ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE

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

Nathan L. Townsend, PA 1000 Legion Place, Ste. 1200 Orlando, Florida 32801

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 dyter and am familiar with and accept the obligations of my position as registered agent as provided Chapter 605, F.S.

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ARTICLE IV - MANAGERS OR MEMBERS

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

Title:

Name and Address:

"MGR" = Manager

"AMBR" = Authorized Member

MGR / MBR

Elaine M. Kowalski 3142 Grayson Dr.

Melboume, Florida 32940

MGR

Heather M. Boadeila 2097 Biddle Alley Orlando, Florida 32814

MGR

Sean T. Kowalski 4374 New Broad St. Orlando, Florida 32814

REQUIRED SIGNATURE:

Elaine M. Kowalski

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.

Elaine M. Kowalski Typed or printed name of signee