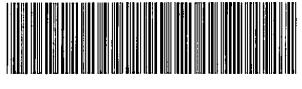
L19000161264

| (Requestor's Name) | | | | |
|---|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |
| | | | | |

Office Use Only



900331416739

07/01/19--01002--006 **125.(

C RICO JUL 0 1 2019 19 JUL - 1 AH 10: 08

TAISCURETARY OF STA

COVER LETTER

| TO: New Filing Section Division of Corpo | | | | |
|--|-------------------------------------|--|---|-------------|
| SUBJECT: | Name of Limited Liab | oility Company | T.K L | OUE + |
| The enclosed Articles of Or | ganization and fee(s) are submitt | ed for filing. | | |
| Please return all correspond | ence concerning this matter to th | e following: | | |
| 100 | FACE HAMIS | | | |
| | Name | of Person | | |
| | | | | |
| | 1 . | | • | |
| _135/ | CASTLENAU A | apt 1 | | |
| | Ac | ldress / | | |
| 18/1/ | City/State | 32301 and Zip Code | | |
| | | | | |
| | nail address: (to be used for futur | e annual report notification | on) | |
| Trance | erning this matter, please call: | <u> 999 - 93.</u> | 33 | |
| Name (| of Person Area Code | Daytime Telephone | Number | |
| Enclosed is a check for the | following amount: | | · \$ | ÷ 28 |
| \$125.00 Filing Fee | Certificate of Status Cer | 5.00 Filing Fee & tified Copy onal copy is enclosed) | \$160.00 Filing Fee Certificate of State Certified Copy (additional copy is en | |
| Mailing | Address | Street Address | | AH IO |

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

New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is: | | |
|--|---------------------------------|-------------|
| 1 TK. | LOVE THE KILS | LLC |
| (Must contain the words "Limited Liability C | Company, "L.L.C.," or "LLC.") | |
| ARTICLE II - Address: The mailing address and street address of the principal office of th | e Limited Liability Company is: | |
| Principal Office Address: | Mailing Address: | |
| 1351 CAST / WAU'T UNIT 1 | | |

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:

Name

1361 CPSHENRU CH UNIT 1

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

 Tip1/
 F/
 .3230/

 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)

2019 JUL - 1 AM 10: 22

ARTICLE IV-

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

| Title: | Name and Address: |
|--|--|
| "AMBR" = Authorized Member "MGR" = Manager | TERENCE HA |
| CONOX/MOZ | 1361 (ASTIENAU UNIT 7 TAIL, Fl 32301 |
| | |
| | |
| (Use attachment if necessary) | |
| f an effective date is listed, the date must be spe ie date of filing.) | of filing: |
| RTICLE VI. Other provisions, if any. | |
| | |
| REQUIRED SIGNATURE: | There's |
| Signature of a me This document is execut Lam aware that any false | mber or an authorized representative of a member, ed in accordance with section 605.0203 (1) (b). Florida Statutes, information submitted in a document to the Department of State felony as provided for in s.817.155, F.S. |
| | - 1/20015 |

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

SECRETARY OF STATE