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# COVED LETTED

COVER LETTER
TO: New Filing Section Division of Corporations
SUBJECT: Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
Kevin Decse Name of Person
KDS TOWNS LLC
Firm/Company
_ Uso3 Rivierce D.
Tradition .
Winter 1/4Von F1. 33884 City/State and Zip Code KDeese 2440@gma, Lom
City/State and Zip Code  (1) (1) (1) (1) (1) (1) (1) (1) (1) (1)
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
at ()
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{Certificate of Status} \text{S155.00 Filing Fee & Certificate of Status & Certified Copy (additional copy is enclosed)} \text{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

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMPLED LIABILITY COMPANY

KDs Tools, LLC	<u> </u>	
(Must cont	ain the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
RTICLE II - Address: ne mailing address and street a	ddress of the principal office	of the Limited Liability Company is:
<u>Princip</u>	al Office Address:	Mailing Address:
4503 Riviera Dr.		4503 Riviera Dr
Winter Haven, FL. 3  RTICLE III - Registered Ag	ent, Registered Office, & R	Winter Haven, FL, 33884 egistered Agent's Signature:
RTICLE III - Registered Ag	ent, Registered Office, & Ro cannot serve as its own Reg active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
RTICLE III - Registered Age the Limited Liability Company other business entity with an	ent, Registered Office, & Ro cannot serve as its own Reg active Florida registration.)	egistered Agent's Signature: istered Agent. You must designate an individual or
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RTICLE III - Registered Age the Limited Liability Company tother business entity with an	ent, Registered Office, & Rocannot serve as its own Regactive Florida registration.) address of the registered ages  James K. Deese  Na  4503 Riviera Dr.	egistered Agent's Signature:  (stered Agent. You must designate an individual or  nt are:  me  O. Box NOT acceptable)

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)

Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
Mak	James Deese
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(Use attachment if necessary)	
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