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COVER LETTER

TO:

New Filing Section
Division of Corporations

New Filing Section

P.O. Box 6327

Division of Corporations

Tallahassee, FL 32314

SUBJECT: KONCRETE KITCHEN LLC	
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:	
Terry B. Brannock II Name of Person	
KONCRETE KITCHEN LLC	
6000 Timberwood Circle # 204	
Address	
Fort Myers, FL 33908 City/State and Zip Code	
E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Terry B. Brannock Int. 954 740 - 9856 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
□\$125.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed) □\$130.00 Filing Fee Certified Copy (additional copy is enclosed) □\$160.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	s &
Mailing Address Street Address	

New Filing Section Division The Centre of Tallahassee

Tallahassee, FL 32303

2415 N. Monroe Street, Suite 810

AKTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is:	
KONCRETE K	ITCHEN LLC
(Must conatin the words "Limited Liability (Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

ARTICLE 1 - Name:

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

Principal Office Address:	Mailing Address:
COUD Timberwood Circle #204 Fort Myers, FL 33908	6000 Timberwood Circle 204 Fort Myers, FL 33908
III - Registered Agent, Registered Office, & Register	ed Agent's Signature:

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:	SEC DIVISI 20 F
Terry B. Brannock IL	
1000 Tiber and Circle # 204	8 - CO 1787, 1787, 1787, 1877, 1877, 1877, 1877, 1877, 1877, 1877, 1877, 1877, 1877,
6000 Imberwood Circle 209	<u> </u>
Florida street address (P.O. Box NOT acceptable)	<u>_</u>
Fort Myers, FL 33908	F OS
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..

(CONTINUED)

ARTICLE IV-

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

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR" = Manager	Terry B. Brannock II 6000 Timberwood Circle # 204 Fort Myers, Fi 33908
(Use attachment if necessary)	
If an effective date is listed, the date must be he date of filing.) Note: If the date inserted in this block does no	ate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 days after of meet the applicable statutory filing requirements, this date will not be listed as
the document's effective date on the Departme ARTICLE VI: Other provisions, if any.	nt of State's records.
REQUIRED SIGNATURE:	B. Brannock II
	member of an authorized representative of a member. cuted in accordance with section 605.0203 (1) (b), Florida Statutes.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s,817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)