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CAPITAL CONNECTION, INC. 417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222	•
KCH Development, LLC	
	Art of Inc. File
	LTD Partnership File
	Foreign Corp. File
	L.C. File
	Fictitious Name File
	Trade/Service Mark
	Merger File
	Att. of Amend. File
	RA Resignation
	Dissolution / Withdrawal
	Annual Report / Reinstatement
	Cert. Copy
	Рною Сору
	Certificate of Good Standing
	Certificate of Status
	Certificate of Fictitious Name
	Corp Record Search
	Officer Search
	Fictitious Search
Signature	Fictitious Owner Search
	Vehicle Search
	Driving Record
Requested by: SETH	UCC 1 or 3 File
Name Date Time	UCC 11 Search
	UCC 11 Retrieval
Walk-In Will Pick Up	Courier

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	COV	/ER LETTER
TO: R	Registration Section Division of Corporations	
	KCH Development, LLC	
	Name of Lim	ited Liability Company
The enclos	sed Articles of Organization and fee(s) are	submitted for tiling.
Please retu	irn all correspondence concerning this mat	ter to the following:
	Jesse Caedington	
		Name of Person
	Holden, Carpenter & Roscow, PL	
		Firm/Company
	5608 NW 43rd Street	
		Address
	Gainesville, FL 32653	
	jesse@gnv-law.com	y/State and Zip Code
		or future annual report notification)
For further in	nformation concerning this matter, please	call:
	at (373-7788
	Name of Person Are	a Code Daytime Telephone Number
Enclosed is	a check for the following amount:	
\$125.00 Fi	Certificate of Status	S155.00 Filing Fee & S160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	<u>Street Address</u> New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KCH Development, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
5431 SW 35th Drive	PO Box 358080
Ste. 600	Gainesville, FL 32635
Gainesville, FL 32608	

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:

Lisa Kinsell		
	Name	···
5431 SW 35th Drive	2. Ste. 600	
Florida street addres	ss (P.O. Box <u>NOT</u> ac	cceptable)
Gainesville	F1.	32608
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. Thereby accept the appointment as registered agent and agree to act in this capacity. The further agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and T am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S.

to Kinsell Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

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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	Lisa Kinsell
	4708 NW 71st Blvd.
	Gainesville, FL 32606
MGR	Dale Kinsel ¹
	3873 SW 69th Avenue
	Gainesville, FL 32608
	
(Use attachment if necessary)	

ARTICLE V: Effective date, if other than the date of filing: _______. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any,

REQUIRED SIGNATURE:

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.

Lisa Kinsell

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

S 5.00 Certificate of Status (Optional)

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