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## COVER LETTER

	Filing Section sion of Corporations		
SUBJECT:	Kids Construction		
	Name of Li	mited Liability Company	_
The enclosed	Articles of Organization and fee(s) a	re submitted for filing.	
Please return a	ll correspondence concerning this m	atter to the following:	
Al	imad Atkinson		
		Name of Person	
30	7 Rehwinkle Drive		
		Firm/Company	<u> </u>
		Address	
Tal	lahassee, FL 32305		
<u> </u>	C	ity/State and Zip Code	
	E-mail address: (to be used	for future annual report notification)	2020 AUG 25 SEDRETARN
or further inform	nation concerning this matter, please	call:	AUG 2
		(	
	at (at (at (at (at (	ea Code Daytime Telephone Number	PHI2: 20
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	eck for the following amount:		
□\$125.00 Filir	g Fee S130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □\$160.00 I Certified Copy Certificate: (additional copy is enclosed) Certified Co (additional copy	of Status &
	Mailing Address	Street Address	
	New Filing Section Division of Corporations	New Filing Section Division The Centre of Tallahassee	
	P.O. Box 6327 Tallahassee, FL 32314	2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kids Construction	LLC		
(Must co	ontain the words "Limited	Liability Company	, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and stree	t address of the principal o	office of the Limited	d Liability Company is:
<u>Princ</u>	Principal Office Address:		Mailing Address:
307 Rehwinkle Drive		307	Rehwinkle Drive
	<del></del>		
Tallahassee, FL 32	gent, Registered Office, ny cannot serve as its own	& Registered Age Registered Agent.	lahassee, FL 32305 nt's Signature: You must designate an individual
Tallahassee, FL 32  ARTICLE III - Registered A The Limited Liability Compa	agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Age Registered Agent. on.)	nt's Signature:
Tallahassee, FL 32  ARTICLE III - Registered A  The Limited Liability Compa  nother business entity with a	gent, Registered Office, ny cannot serve as its own n active Florida registratio	& Registered Age Registered Agent. on.)	nt's Signature:
Tallahassee, FL 32  ARTICLE III - Registered A  The Limited Liability Compa  nother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registration address of the registered Ahmad Atkinson	& Registered Age a Registered Agent. on.) d agent are: Name	nt's Signature:
Tallahassee, FL 32  ARTICLE III - Registered A  The Limited Liability Compa  nother business entity with a	agent, Registered Office, ny cannot serve as its own n active Florida registration et address of the registered	& Registered Age i Registered Agent. on.) I agent are: Name	nt's Signature: You must designate an individual
Tallahassee, FL 32  ARTICLE III - Registered A  The Limited Liability Compa  nother business entity with a	Agent, Registered Office, ny cannot serve as its own n active Florida registration active Florida registered Ahmad Atkinson  307 Rehwinkle Drive	& Registered Age i Registered Agent. on.) I agent are: Name	nt's Signature: You must designate an individual

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 statiutes 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)

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## ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
<u>AMBR</u>	Ahmad Atkinson 307 Rehwinkle Drive Tallahassee, FL 32305
<del></del>	
(Use attachment if necessary)	
date of filing.)	e specific and cannot be more than five business days prior to or 90 days not meet the applicable statutory filing requirements, this date will not be listent of State's records.
TICLE VI. Onler provisions, it any.	
REQUIRED SIGNATURE:	month Aborson
This document is exe I am aware that any f constitutes a third deg	member or an authorized representative of a member. ecuted in accordance with section 605.0203 (1) (b), Florida Statutes. alse information submitted in a document to the Department of State gree felony as provided for in s.817.155, F.S.
<u>Alma</u>	Typed or printed name of signee
\$125.00 Filing Fee for Articles of \$30.00 Certified Copy (Optional \$5.00 Certificate of Status (Opt	Filling Fees: Organization and Designation of Registered Agent ional)
	ional)  SEE FL