Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H21000003832 3)))



H210000038323ABCT

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : CAPITOL SERVICES, INC.

Account Number : 120160000017 Phone : (855)498-5500 Fax Number : (800)432-3622

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO. K&G RE HOLDINGS, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

2021 JAN -5 AH 10: 08

Derrick Thom No-

# ARTICLES OF ORGANIZATION OF K&G RE HOLDINGS, LLC

# **ARTICLE I - Name:**

The name of the limited liability company is K&G RE Holdings, LLC (the "Company").

#### ARTICLE II - Address:

The mailing address and street address of the Company is 4201 Bayshore Boulevard, Unit 1402, Tampa, Florida 33611.

# ARTICLE III - Existence and Duration:

The Company shall commence its existence on the date that these Articles of Organization are filed with the Department of State, and its duration shall be perpetual unless sooner dissolved by law.

#### ARTICLE IV - Management:

The Company is a manager-managed limited liability company. The name and Florida street address of the initial managers of the Company are:

Kevin J. Donnelly, MD 4201 Bayshore Boulevard Unit 1402 Tampa, Florida 33611

Glynis Donnelly 4201 Bayshare Boulevard Unit 1402 Tampa, Florida 33611

# ARTICLE V - Registered Agent

The name and Florida street address of the initial registered agent of the Company is;

Glynis Donnelly 4201 Bayshore Boulevard Unit 1402 Tampa, Florida 33611

15239699,1

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, Florida Statutes.

ilying Donnelly, Registered Agent

REQUIRED SIGNATURE;

Kevin J. Donnelly, MD Authorized Representative

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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 section 817.155, Florida Statutes.)