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(Re	equestor's Name)	
(Ac	idress)	_
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(Ci	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
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rtified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
	Office Use On	ily



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COVER LETTER

TO:	New Filing Sec Division of Cor					
SUBJE		d Group, LLC				
SUBJE	<u></u>	Name of L	imited Liabil	ity Company		
The en	closed Articles of	Organization and fee(s)	are submitted	for filing.		
Please	return all correspo	ondence concerning this I	natter to the f	following:		
	Christy A Ho	olland				
			Name of	Person		_
			Firm/Co	mpany		
	1625 St Cath	nerine Dr W		, ,		m 7 7
			Addr	ress		— (. —
	Dunedin, FL	. 34698				(1
	christy@keys	toneflnow.com	City/State an	d Zip Code		- 1-1 1-1 1
		E-mail address: (to be us	ed for future a	annual report notificati	on)	_ <u></u> ယ
For furth	ner information co	ncerning this matter, plea	ase call:			
	Christy A Ho	olland at (727	798-8662		
	Nam	ne of Person	Area Code	Daytime Telephone	e Number	
Enclos	sed is a check for the	he following amount:				
□\$12	5.00 Filing Fee	□\$130.00 Filing Fee Certificate of Status	Certifi	5.00 Filing Fee & ied Copy al copy is enclosed)	■\$160.00 Filing Fe Certificate of Status Certified Copy (additional copy is enc	&
	New F Divisio	ng Address Tiling Section on of Corporations Box 6327		Street Address New Filing Section Di The Centre of Tallaha 2415 N. Monroe Stre	ssee	

Tallahassee, FL 32303

Tallahassee, FL 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must contain	the words "Limited Liab	ility Company, "	"L.L.C.," or "LLC.")	
E II - Address: g address and street addre	ess of the principal office	of the Limited	Liability Company is:	
-	Office Address:		Mailing Address:	
1625 St Catherine DR W	1	PO E	3ox 594	
Dunedin, FL 34698		Dune	Dunedin, FL 34697	
E III - Registered Agent, ted Liability Company causiness entity with an acti	nnot serve as its own Reque Florida registration.)	legistered Agent Y		
E III - Registered Agent, ted Liability Company car	nnot serve as its own Reque Florida registration.)	legistered Agent Y	it's Signature:	
E III - Registered Agent, ted Liability Company can usiness entity with an action and the Florida street add	nnot serve as its own Reque Florida registration.)	legistered Agent Y	it's Signature:	
E III - Registered Agent, ted Liability Company can usiness entity with an action and the Florida street add	nnot serve as its own Requestration.) ress of the registered ago Christy A Holland	legistered Agent Y	it's Signature:	
E III - Registered Agent, ted Liability Company causiness entity with an actional the Florida street add	nnot serve as its own Requestration.) ress of the registered ago Christy A Holland	legistered Agen gistered Agent. Y	it's Signature:	
E III - Registered Agent, ted Liability Company causiness entity with an action and the Florida street add	nnot serve as its own Reque Florida registration.) ress of the registered age Christy A Holland	tegistered Agent. Y gistered Agent. Y ent are:	i t's Signature: You must designate an individ	
E III - Registered Agent, ted Liability Company causiness entity with an action and the Florida street add	nnot serve as its own Reque Florida registration.) ress of the registered age Christy A Holland No. 1625 St Catherine Dr W	tegistered Agent. Y gistered Agent. Y ent are:	i t's Signature: You must designate an individ	

laving been named as registered agent and to accept service of process for the above stated limited liability company at the lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I urther agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

MRISTY (1. Tracu-Registered Agent's Signature (REQUIRED)

(CONTINUED)

7021 WY 15 DM 1. 10

ARTICLE IV-

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

Title:	
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Christy A Holland
	PO Box 594 Dunedin, FL 34697
	Duncain, 12 34027
AMBR	Keith R Holland
	PO Box 594
	Duncdin, FL 34697
	of filing: (OPTIONAL)
CLE V: Effective date, if other than the date effective date is listed, the date must be spete of filing.)	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed
CLE V: Effective date, if other than the date effective date is listed, the date must be spette of filing.) If the date inserted in this block does not modument's effective date on the Department of	ecific and cannot be more than five business days prior to or 90 days after neet the applicable statutory filing requirements, this date will not be listed a of State's records.
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

COVER LETTER

	New Filing Sec Division of Co					
		nd Group, LLC				
SUBJEC	JI:	Name	of Lir	mited Liabil	ity Company	
The enclo	osed Articles of	Organization and fee	:(s) ar	e submitted	for filing.	
Please re	turn all corresp	ondence concerning t	his m	atter to the f	ollowing:	
	Christy A H	folland				
				Name of	Person	
				Firm/Co	mpany	
	1625 St Cat	herine Dr W				
				Addr	ess	
	Dunedin, FI	34698				
	<u></u>		C	City/State an	d Zip Code	
		stoneflnow.com				
	!	E-mail address: (to be	used	for future a	nnual report notificati	on)
For further	information co	oncerning this matter,	pleas	e call:		
	Christy A Ho		7: at (27	798-8662	
	Nam	ne of Person	A	rea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:				
□\$125.0	00 Filing Fee	□\$130.00 Filing F Certificate of State		Certifi	5.00 Filing Fee & ed Copy al copy is enclosed)	■\$160.00 Filing Fee. Certificate of Status & Certified Copy (additional copy is enclosed)
	' 	ng Address			Street Address	vicion
		iling Section on of Corporations			New Filing Section Di The Centre of Tallaha	
		Sox 6327			2415 N. Monroe Stree	

Tallahassee, FL 32314

Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:				
The name of the Limited Liabilit	y Company is:			
KC Holland Group,	LLC			
(Must cont	ain the words "Limited Liab	oility Company, "	"L.L.C.," or "LLC.")	
ARTICLE II - Address:				
The mailing address and street a	ddress of the principal office	e of the Limited I	Liability Company is:	
<u>Princip</u>	al Office Address:		Mailing Add	ress:
1625 St Catherine D	R W	PO E	30x 594	
Dunedin, FL 34698			din, FL 34697	
				
ARTICLE III - Registered Age (The Limited Liability Company another business entity with an a The name and the Florida street:	cannot serve as its own Reg active Florida registration.)	gistered Agent. Y	t's Signature: 'ou must designate an ir	ndividual or
	Christy A Holland			
	N	ame		
	1625 St Catherine Dr W			
	Florida street address (P	.O. Box NOT ac	ceptable)	
	Dunedin, FL 34698			
	City	State	Zip	
laving been named as registered a lace designated in this certificate, irther agree to comply with the pr m familiar with and accept the ob	I hereby accept the appoint ovisions of all statutes relatiligations of my position as r	ment as registere ing to the proper egistered agent a	d agent and agree to act and complete performar	t in this capacity. I nce of my duties, and I
	(0	CONTINUED)		

ARTICLE IV-

. . . .

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

"AMBR	Title:	Name and Address:
AMBR Christy A Holland PO Box 594 Dunedin, FL 34697 AMBR Keith R Holland PO Box 594 Dunedin, FL 34697 (Use attachment if necessary) CTICLE V: Effective date, if other than the date of filing:		ner
PO Box 594 Duncdin, FL 34697	J	
Dunedin, FL 34697	AMBR	PO Box 594
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) TICLE V: Effective date, if other than the date of filing:		
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:	AMBR	
(Use attachment if necessary) FICLE V: Effective date, if other than the date of filing:		PO Box 594 Dunedin, FL 34697
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.		
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constitutes a third degree felony as provided for in s.817.155, F.S.	Signatur	isty a Halling
	Signatu This documer	re of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
Christy A Holland Typed or printed name of signee	Signatu This documer I am aware tha	tre of a member or an authorized representative of a member. It is executed in accordance with section 605.0203 (1) (b), Florida Statutes, at any false information submitted in a document to the Department of State
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