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SUBJECT	: 5KT2020 L	_LC.	
		nited Liability Company	-
			\ P
The enclose	ed Articles of Organization and fee(s) ar	e submitted for filing.	PH10: 16
Please retu	rn all correspondence concerning this ma	atter to the following:	16
	Ampley Ke	Name of Person	
		Name of Person	
	SKT	ZOZO LLC Firm/Company	
		Firm/Company	
	17462 F	RUNT BEACH PO	1 79B
		Address	<u> </u>
	Panama	CIA BEACH, F City/State and Zip Code 979 @ 9mni/, co for future annual report notification	Lev. da 32413
	C	ity/State and Zip Code	<u> И/С </u>
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-	E-mail address: (to be used	for future annual report notification	1)
For further in	nformation concerning this matter, please	e call·	
	That homes	334 , 7073216	ı
	Shin Thomas at (rea Code Daytime Telephone	Number
Enclosed is	a check for the following amount:		
\$125.00	Filing Fee \$\Bigcup\$\frac{1}{3}\$130.00 Filing Fee &	□\$155.00 Filing Fee &	□\$160.00 Filing Fee,
(,	Certificate of Status	Certified Copy	Certificate of Status &
		(additional copy is enclosed)	Certified Copy (additional copy is enclosed)
	Mailing Address	Street Address	
	New Filing Section	New Filing Section Divi	
	Division of Corporations P.O. Box 6327	The Centre of Tallahass 2415 N. Monroe Street,	
	1.O. DUX 034/	2410 IV. Monroe Street,	Suite 610

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:	
5KT2020 LLC.	
(Must contain 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:
17462 Front Beach Rd 798	710 Lee Rd 281
Pringing City Beach, Fluda	SA/em, A1 36874
,	•

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:

JA	NARIA	Thomas	•
	Name		
122,	Monterey	Ave	
	dress (P.O. Box NO		
PMAMA	City Beach	, Fluida	32413_32413
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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CLE V: Effective diffective date is list e of filing.) If the date inserted	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior to or 90 days a in this block does not meet the applicable statutory filing requirements, this date will not be listed date on the Department of State's records.
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CLE V: Effective d ffective date is list e of filing.) If the date inserted cument's effective CLE VI: Other prov	ate, if other than the date of filing: (OPTIONAL) ed, the date must be specific and cannot be more than five business days prior to or 90 days a fin this block does not meet the applicable statutory filing requirements, this date will not be list date on the Department of State's records. risions, if any. 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

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

\$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

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

ARTICLE IV-