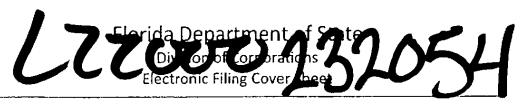
From: 13055038807



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.

(((H22000184881 3)))



H220001848813ABC1

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 : GINN & PATROU, PA Account Number : I20190000124 Phone : (904)461-3000 Fax Number : (844)730-9828

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

Email Address: Sputy ou aginn patrou com

FLORIDA LIMITED LIABILITY CO.

KME Company, LLC

ECELVED

MY 27 PH 3: 12

THEORATIONS

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

122 HAY 27 AM 9: 52

8447309828

H22000164881 3

Peae: 3 of 4

RTICLE I - Name: The name of the Limited L	iability Company is:			
KME Company	, LLC t contain the words "Limited	Liability Company	"[[C"or"][C")	
•	Comain the words Dimited	Liability Company,	2.2.0., 0. 220. /	
ARTICLE II - Address: The mailing address and st	reet address of the principal of	office of the Limited	Liability Company is:	
<u>Pr</u>	incipal Office Address:		Mailing Address:	
	2017 Highland Village Bend		2017 Highland Village Bend	
2017 Highland	Village Bend			
Birmingham, A RTICLE III - Registere The Limited Liability Con	L 35242 d Agent, Registered Office, npany cannot serve as its own	& Registered Agent	ningham, AL 35242	
Birmingham, A ARTICLE III - Registere (The Limited Liability Con another business entity wit	L 35242 d Agent, Registered Office,	& Registered Agent.	ningham, AL 35242	
Birmingham, A ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, npany cannot serve as its own han active Florida registration treet address of the registere	& Registered Agent.	ningham, AL 35242	
Birmingham, A ARTICLE III - Registere (The Limited Liability Con another business entity wit	d Agent, Registered Office, npany cannot serve as its own han active Florida registration treet address of the registere	& Registered Agent. on.) d agent are:	ningham, AL 35242	
Birmingham, A ARTICLE III - Registere (The Limited Liability Con another business entity wit	L 35242 d Agent, Registered Office, npany cannot serve as its own han active Florida registration treet address of the registere Ginn & Patrou, PA	& Registered Agent. on.) d agent are: Name	ningham, AL 35242 nt's Signature: You must designate an individ	
Birmingham, A ARTICLE III - Registere (The Limited Liability Con another business entity wit	L 35242 d Agent, Registered Office, npany cannot serve as its own han active Florida registration treet address of the registere Ginn & Patrou, PA 460 A1A Beach Blv	& Registered Agent. on.) d agent are: Name	ningham, AL 35242 nt's Signature: You must designate an individ	

the 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)

From: 13055038807

#22000164861 3

From: 13055038807

#22000164661 3

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Melissa R. Wolsoncroft
	2017 Highland Village Bend
	Birmingham, AL 35242
MGR	Mary P. Press
	Mary P. Press 333 Marsh Point Cir
	St. Augustine, FL 32080
	
(Use attachment if necessary)	
ICLE V: Effective date, if other than the effective date is listed, the date must note of filing.)	ne date of filing:
ICLE V: Effective date, if other than the effective date is listed, the date must rate of filing.) If the date inserted in this block does occurrent's effective date on the Department of the	s not meet the applicable statutory filing requirements, this date will not be listed timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State
ICLE V: Effective date, if other than the effective date is listed, the date must rate of filing.) If the date inserted in this block does occurrent's effective date on the Department of the	be specific and cannot be more than five business days prior to or 90 days after some some state of State is records. The specific and cannot be more than five business days prior to or 90 days after some state in the state i
CLE V: Effective date, if other than the effective date is listed, the date must ate of filing.) If the date inserted in this block does becoment's effective date on the Depart CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a lam aware that an constitutes a third.	s not meet the applicable statutory filing requirements, this date will not be listed timent of State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, by false information submitted in a document to the Department of State

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) 022HAY 27 AH 9: 5: