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PICK-UP	MAIT	MAIL
(Bt	usiness Entity Nan	ne)
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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ALLAHASSEE ELORID:

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COVER LETTER

TO:	New Filing Sec Division of Cor				
SUBJE		ve Studio, LLC			
30001	<u></u>	Name of	Limited Liabi	lity Company	
The en	closed Articles of	Organization and fee(s	s) are submitte	d for filing.	
Please	return all correspo	ndence concerning this	s matter to the	following:	
	Kacie Short				
			Name o	f Person	
	KNS Creativ	e Studio, LLC			
			Firm/C	ompany	
	13 Desiree A	urora Street			
	· · · · ·	•	Add	ress	
	Winter Gard	en, FL 34787			
	<u></u>		City/State a	nd Zip Code	
	kshort@knscr				
				annual report notificati	ion)
For furth	er information co	ncerning this matter, pl	lease call:		
	Kacie Short	aı	847	809-1185	
	Nam	e of Person	Area Code	Daytime Telephon	e Number
Enclose	ed is a check for th	ne following amount:			
■\$ 12:	5.00 Filing Fee	□\$130.00 Filing Fe Certificate of Status	Certi	55.00 Filing Fee & fied Copy nal copy is enclosed)	☐\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
		g Address		Street Address	
		iling Section of Corporations		New Filing Section Division of Corporati	ions
		ox 6327		Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

KNS Creative Stu			
(Must co	onatin the words "Limited Liabi	ility Company, "L	.L.C.," or "LLC.")
RTICLE II - Address:			
he mailing address and stree	et address of the principal office	of the Limited Li	ability Company is:
Princ	cipal Office Address:		Mailing Address:
13 Desiree Aurora	Street	13 Des	iree Aurora Street
Winter Garden, F	L 34787	Winter	Garden, FL 34787
			س ا با سا
PTICLE III - Registered	Agent Registered Office & R	egistered Agent'	
The Limited Liability Companion of the business entity with a	Agent, Registered Office, & R any cannot serve as its own Reg an active Florida registration.) eet address of the registered age	istered Agent. Yo	s Signature: u must designate an individual or
The Limited Liability Companion of the business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age	istered Agent. Yo	s Signature: u must designate an individual or
The Limited Liability Companion of the business entity with a	any cannot serve as its own Reg an active Florida registration.)	istered Agent. Yo	s Signature: u must designate an individual or
The Limited Liability Companion of the business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age Kacie Short	istered Agent. Yo	s Signature: u must designate an individual or
The Limited Liability Companion of the business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age Kacie Short	istered Agent. Yo nt are:	s Signature: u must designate an individual or
The Limited Liability Companion of the business entity with a	any cannot serve as its own Reg an active Florida registration.) eet address of the registered age Kacie Short Na 13 Desiree Aurora Street	istered Agent. Yo nt are:	s Signature: u must designate an individual or

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)

ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: Name and Address: Title: "AMBR" = Authorized Member "MGR" = Manager AMBR Kacie Short 13 Desiree Aurora Street Winter Garden, FL 34787 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: . (OPTIONĀL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **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.

Filing Fees:

I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee

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

constitutes a third degree felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

Kacie Short