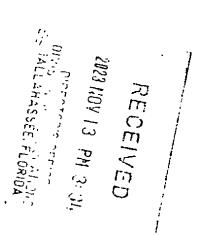
# LZ3000510478

	(Requestor's Name)
	(Address)
	(**************************************
	(Address)
	(City/State/Zip/Phone #)
PICK-UP	WAIT MAIL
· · ·	(Business Entity Name)
	(Document Number)
entified Copies	Certificates of Status
Special Instructions to	Filing Officer;

Office Use Only



500418873525



5707

## CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KBL Holdings	, LLC	<del></del>
Please Debit FC	A000000003 For: 125	
hank you Seth	Neeley	
Stal		Art of Inc. File
		LTD Partnership File
,		Foreign Corp. File
		L.C. File
		Fictitious Name File
		Trade/Service Mark
		Merger File
		Art, of Amend, File
		RA Resignation
		Dissolution / Withdrawal
		Annual Report / Reinstatement
		Cert. Copy
		Photo Copy
		Certificate of Good Standing
		Certificate of Status
		Certificate of Fictitious Name
		Corp Record Search
,		Officer Search
4		Fictitious Search
Signature	<del></del>	Fictitious Owner Search
		Vehicle Search
		Driving Record
Requested by: <sub>SET</sub>	`H	UCC 1 or 3 File
Name	Date Time	UCC 11 Search
		UCC 11 Retrieval
Walk-In	Will Pick Up	Courier

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

RTICLE I - Name: e name of the Limited Liability Company is:				
LKBL Holdings LLC				
(Must contain the words "Limited Light	lity Company, "L.L.C.," or "L.L.C.")			
·				
RTICLE II - Address: e mailing address and street address of the principal office	,			
RTICLE II - Address:	of the Limited Liability Company is:  Mailing Address:  16057 Tampa Palms Boulevard West			

#### 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:

Lawson Sutton, III	_	
<del></del>	Name	
16057 Tampa Palm	s Boulevard West	
Florida street addre	ss (P.O. Box <u><b>NOT</b></u> ac	cceptable)
l'ampa	FL	33647
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 gent 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:

Title:	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
MGR	Lawson Sutton, III 16057 Tampa Palms Boulevard West
	Tampa, FL 33647
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing:
(If an effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days afte
the date of filing.)	
the document's effective date on the Departmen	meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Departmen	For State's records.
ARTICLE VI: Other provisions, if any,	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	$I_{-}$
Com	m to
Signature of a m	nember or an authorized representative of a member.
This document is exect	uted in accordance with section 605.0203 (1) (b). Florida Statutes.
I am aware that any fals	se information submitted in a document to the Department of State
constitutes a third degre	ee felony as provided for in \$.817.155, F.S.
Lawson Sutton.	III
	Typed or printed name of signee