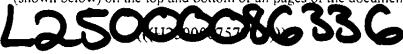
Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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.





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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: registeredagent@ginnpatrou.com

FEB 27 PH 4: 3

FLORIDA LIMITED LIABILITY CO. KBS Family Holdings LLC

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

1025 FEB 27 PM 2: 58 SECRETARY OF STAI TALLAHASSEE, FL

TIMO

From: 16075972631

#200000101900

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KBS Family Holdings 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:

50 Marine St.
St. Augustine, FL 32080

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:

Ginn & Patrou	2.1	
	Name	
460 A1A Beach		
400 ATA Beach	 	
Florida street addres	ss (P.O. Box <u>NOT</u> acc	eptable)
St. Augustine	Florida	32080

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 l am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

Jonathan Hermes (Feb 27, 2025 14:24 EST)

Registered Agent's Signature (REQUIRED)

(CONTINUED)

#200000101905

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
MGR	Rebecca Jean Price Smith
	50 Marine St.
	St. Augustine, FL 32080
MGR	Kevin Scott Smith
	50 Marine St
	St. Augustine, FL 32080
Tective date is listed, the date must	te date of filing: (OPTIONAL) be specific and cannot be more than five business days prior to or 90 c
LE V: Effective date, if other than the Tective date is listed, the date must of filing.)	be specific and cannot be more than five business days prior to or 90 c s not meet the applicable statutory filing requirements, this date will not be
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) f the date inserted in this block does unent's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE:	be specific and cannot be more than five business days prior to or 90 ces not meet the applicable statutory filing requirements, this date will not be timent of State's records.
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LE V: Effective date, if other than the fective date is listed, the date must of filing.) If the date inserted in this block does ument's effective date on the Depart LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of This document is a managed that an constitutes a third	s not meet the applicable statutory filing requirements, this date will not be timent of State's records. The amember of an authorized representative of a member. executed in accordance with section 605.0203 (1) (b). Florida Statutes, y false information submitted in a document to the Department of State

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15 FEB 27 PM 2: 58

EGRETARY OF STATE

TALLAHASSEE, FL

\$ 5.00 Certificate of Status (Optional)