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L96000000892



PRESIDENTIAL
LEGAL & FINANCIAL SERVICE ACCOUNT NO. : 072100000032

REFERENCE : 048222 7114028

AUTHORIZATION :

Patricia Kuylenstierna

COST LIMIT : \$ 285.00

ORDER DATE : August 8, 1996

ORDER TIME : 9:18 AM

ORDER NO. : 048222

CUSTOMER NO: 7114028

300001828508

CUSTOMER: Ms. Sharon L. Kilpatrick
MS. SHARON L. KILPATRICK

16722 Sw 101 Avenue

Miami, FL 33157

DOMESTIC FILING

NAME: KILPATRICK & ASSOCIATES LC.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION
 CERTIFICATE OF LIMITED PARTNERSHIP

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

 CERTIFIED COPY
XX PLAIN STAMPED COPY
 CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Deborah Schroder

EXAMINER'S INITIALS:

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
96 AUG 22 PM 12:41

RECEIVED
96 AUG 22 AM 10:37
DIVISION OF CORPORATIONS



CORPORATE AGENTS, INC.

Part of an organization providing corporate services since 1899

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS

96 AUG 22 PM 12:41

August 16, 1996

RE: KILPATRICK & ASSOCIATES LC.

(a limited liability company formed under
the laws of the State of Florida)

STATEMENT OF RESIGNATION AND CONCLUDED PARTICIPATION

Solely for your convenience and to expedite the filing of the formation document for the above named company, CSC Networks or one of its affiliates has caused the said formation document to be signed by our employee(s). We and our employee(s) do not have, and have never had, any other connection with the said company. The conclusion of our participation in this said company's formation is effective at the moment of the said company's formation. In the event that our signing results in our being regarded as a member and/or manager of the said company, this statement constitutes the resignation of our said employee(s) from those capacities effective at the moment of the said company's formation.

By:

Lisa H. Mully
Authorized Representative

Ann-Elizabeth Davis
Ann-Elizabeth Davis
Organizer/Employee

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

KILPATRICK & ASSOCIATES LC.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

16722 SW 101 AVENUE, MIAMI, FL 33157

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual

ARTICLE IV - Management:

(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Sharon L. Kilpatrick

16722 SW 101 Avenue
Miami, FL 33157

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

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SECRETARY OF STATE
CORPORATE RECORDS
55 AUG 22 PM 12:41

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a member of _____

KILPATRICK & ASSOCIATES LG.

deposes and says:

- 1) the above named limited liability company has at least two members
No, limited liability company has only one manager.
- 2) the total amount of cash contributed by the member(s) is \$ - 0 -.
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ - 0 -.
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ - 0 -.
- 5) the total amount of 2, 3, and 4 is \$ - 0 -.

Alan Elizabeth Davis

- Authorized Representative

Signature of a member or authorized representative of a member,
(In accordance with section 608.408(3), Florida Statutes, the
execution of this affidavit constitutes an affirmation under the
penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

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DIVISION OF CORPORATIONS
96 AUG 22 PM 12:41

PURSUANT TO THE PROVISIONS OF SECTION 608.416 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

KILPATRICK & ASSOCIATES LC.

2. The name and address of the registered agent and office is:

Corporation Service Company
(Name)

1201 Nava Street

(P.O. Box or Mail Drop Box NOT acceptable)

Tallahassee, FL 32301

(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.

By: _____

(Signature)

Lisa G. Mulligan, Authorized
Agent for Corporation Service Company

August 16, 1996

(Date)

Filing Fee: \$ 35 for Designation of Registered Agent