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Tallahassee, FL 32301-2607 850-558-1500, Ext: x61563

To: Department Of State, Division Of Corporations

From: Shauna Godbolt

Ext: x61563 Date: 02/21/25 Order #: 1843482-1 Re: KJAI, LLC

Processing Method: Routine

## TO WHOM IT MAY CONCERN:

Enclosed please find:

Certificate of Formation/Incorporation Amount to be deducted from our State Account: \$125 - FL State Account Number: I2000000195

Please take the following action:

File in your office on basis Issue Proof of Filing

Special Instructions:

Thank you for your assistance in this matter. If there are any problems or questions with this filing, please call our office.

# **COVER LETTER**

TO:	New Filing Secti Division of Corp							
comme	KJAI, LLC							
SUBJE	.ci:	Name	of Lim	ited Liabilit	y Company		-	
The end	closed Articles of C	Organization and fee	(s) are	submitted f	or filing.			. ;
		dence concerning th			-		•	;
	Samuel F. Co	lburn, Esq.					•	) 
		· · · · · · · · · · · · · · · · · · ·		Name of I	erson		;.,	- ;
	Woods, Weidenmiller, Michetti & Rudnick, LLP							; ;
				Firm/Con	npany			_ •
	9045 Strada S	tell Court, Suite 40	)					
			_	Addre	SS			
	Naples, FL 34	109						
		<u>.                                    </u>	Ci	ty/State and	Zip Code			
	scolburn@lawi		used !	or future an	nual report notificati			
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	Samuel Colbu	m	239 at (		325-4070			
	Name	of Person			Daytime Telephone	e Number	-	
Enclose	ed is a check for the	following amount:						
	5.00 Filing Fee	■\$130.00 Filing F Certificate of State		Certifie	00 Filing Fee & I Copy copy is enclosed)	□\$160.00 Certificate Certified C (additional c	of Status Copy	9,
	New Fil Divisior P.O. Bo	Address ing Section of Corporations x 6327 see, FL 32314		7 1 2	treet Address lew Filing Section Di the Centre of Tallaha 415 N. Monroe Stree tallahassee, FL 3230.	issee et, Suite 810		

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

Ä	RT	ľ	CI	LE.	- ]	Name:
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The name of the Limited Liability Company is:

KIALLIC

(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:

#### **Principal Office Address:**

Mailing Address:

c/o Woods, Weidenmiller, Michetti & Rudnick LI 9045 Strada Stell Court, Suite 400 Naples, FL 34109 c/o Woods, Weidenmiller, Michetti & Rudni, 9045 Strada Stell Court, Suite 400
Naples, FL 34109

## 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:

WWMR STATUTORY AGENT, LLC

Name

9045 STRADA STELL COURT, 4TH FLOOR

Florida street address (P.O. Box NOT acceptable)

Naples FL 34109
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 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:

MGR'' = Mi	ınager		
MGR		Angela Gates c/o Woods, Weidenmiller, Michetti & Rudnick LLP	
		9045 Strada Stell Court, Suite 400, Naples, FL 34109	
			-
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