

STATE OF SOUTH CAROLINA

(Caption of Case)

Example: Application for a Class C Charter Certificate from
John Doe dba Doe's Limo

Application for Class C Charter Certificate from
Jerry W. Hall, Jr. dba Kidz Kab, LLC.

RECEIVED
2014 JUN - 3 AM 11:58
SC PUBLIC SERVICE COMMISSION

BEFORE THE
PUBLIC SERVICE COMMISSION
OF SOUTH CAROLINA

TRANSPORTATION COVER SHEET

DOCKET
NUMBER: _____ - _____ - _____

If this is your first time filing an application with the PSC, you will not have a Docket Number. The Commission will assign one to you. If you have filed with the Commission before, a Docket Number was assigned and should be entered above.

(Please type or print)

Submitted by: Jerry W. Hall, Jr. - President

Telephone: 803-767-9119

Address: 524 Townes Rd.

Fax: 803-772-2960

Columbia, SC 29210

Other: 803-772-2960

Email: jwhjr52@yahoo.com

NOTE: The cover sheet and information contained herein neither replaces nor supplements the filing and service of pleadings or other papers as required by law. This form is required for use by the Public Service Commission of South Carolina for the purpose of docketing and must be filled out completely.

NATURE OF ACTION (Check all that apply)

- Application - Class A/A Restricted
- Application - Class C Taxi
- Application - Class C Charter
- Application - Class C Charter Bus
- Application - Class C Non-Emergency
- Application - Class C Stretcher Van
- Application - Class E Household Goods
- Application - Class E Hazardous Waste
- Application
- Request for Extension to Comply with Order
- Request for Order Granting Authority to Obtain a Certificate of Public Convenience and Necessity to be Rescinded
- Request for Cancellation of Certificate
- Request for Suspension
- Request for Reinstatement
- Request for Name Change on Certificate
- Request to Amend Scope of Authority
- Request to Amend Tariff (rate increase, etc.)
- Request to Amend Passenger Limit
- Request
- Exhibit
- Late-Filed Exhibit
- Letter
- Proposed Order
- Publisher's Affidavit
- Reservation Letter
- Response
- Return to Petition
- Other: _____

RECEIVED
JUN 04 2014
PSC SC
CLERK'S OFFICE

If you have any questions about this form, please contact the PUBLIC SERVICE COMMISSION at 803-896-5100.

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
101 Executive Center Drive, Suite 100
Columbia, South Carolina 29210
(Mailing address: Post Office Drawer 11649, Columbia, SC 29211)

Phone: (803) 896-5100 Fax: (803) 896-5199

**APPLICATION FOR CERTIFICATE OF PUBLIC CONVENIENCE AND NECESSITY FOR
OPERATION OF MOTOR VEHICLE CARRIER**

Date: June 2, 2014

CLASS C - CHARTER

Application is hereby made for a Certificate of Public Convenience and Necessity, in accordance with the provision of S.C. Code Ann., § 58-23-10, et seq. (1976), and amendments thereto.

1. Name under which business is to be conducted (corporation, partnership, or sole proprietorship, with or without trade name.)

Kidz Kab, LLC

524 Townes Rd. Columbia, SC 29210

Street Address of Applicant

Mailing Address of Applicant (if different from street address)

803-767-9119

Phone

803-772-2960

Fax

jwhjr52@yahoo.com

Email Address

2. If the Applicant is an LLC or a corporation, a copy of the Certificate of Existence from the South Carolina Secretary of State and the Articles of Incorporation must be attached. (If incorporated outside of SC, attach South Carolina Secretary of State "Foreign Corporation" Certificate.)

3. Select Entity Type: (Check one)

Individual Owner/Sole Proprietorship

Partnership - List names and addresses of all person having an interest in the business.

Corporation - List names and addresses of two principal officers.

X - Limited Liability Company

Jerry W. Hall, Jr. 524 Townes Rd. Columbia, SC 29210 - President

Lisa C. Hall 10 Dewberry Ln. Elgin, SC 29045 - Vice President

Applicant is financially able to furnish the services as specified in this application and submits the following statement of assets and liabilities.

BALANCE SHEET

Balance at Time Application is Filed:

Month June Year 2014

Assets:

Cash	\$ 1000.00
Receivables	
Real Estate	
Buildings and Equipment (Net)	
Motor Vehicles (Net)	\$ 40,000.00
Garage Equipment (Net)	
Machinery and Tools (Net)	
Supplies on Hand	\$ 1,000.00
Prepays and Other Assets	\$ 4,000.00
Total Assets*	\$ 46,000.00
<u>Liabilities and Equity:</u>	
Accounts Payable	
Notes Payable	
Mortgages Payable	
Equipment Obligations	
Accrued Salaries and Wages	
Other Accrued Obligations	
Other Liabilities	
Total Liabilities	\$ 0.00
Capital Stock	\$ 46,000.00
Retained Earnings	
Total Equity	\$ 46,000.00
Total Liabilities and Equity*	\$ 46,000.00

* Total Assets = Total Liabilities and Equity

PROPOSED RATES AND CHARGES FOR SERVICE

Proposed Rates and Charges (List only maximum charges per mile or trip, and/or hourly rate):

See Attachment

Requested Scope of Authority: Check all counties in which you are requesting permission to operate.
You will only be allowed to operate in those counties checked below. You may request "Statewide" authority if you intend to operate in all counties in South Carolina.

- | | | | | |
|-------------------------------------|-----------------------------------------------|---------------------------------------------|-----------------------------------------------|---------------------------------------|
| <input type="checkbox"/> Abbeville | <input type="checkbox"/> Cherokee | <input type="checkbox"/> Florence | <input type="checkbox"/> Lee | <input type="checkbox"/> Saluda |
| <input type="checkbox"/> Aiken | <input type="checkbox"/> Chester | <input type="checkbox"/> Georgetown | <input checked="" type="checkbox"/> Lexington | <input type="checkbox"/> Spartanburg |
| <input type="checkbox"/> Allendale | <input type="checkbox"/> Chesterfield | <input type="checkbox"/> Greenville | <input type="checkbox"/> Marion | <input type="checkbox"/> Sumter |
| <input type="checkbox"/> Anderson | <input type="checkbox"/> Clarendon | <input type="checkbox"/> Greenwood | <input type="checkbox"/> Marlboro | <input type="checkbox"/> Union |
| <input type="checkbox"/> Bamberg | <input type="checkbox"/> Colleton | <input type="checkbox"/> Hampton | <input type="checkbox"/> McCormick | <input type="checkbox"/> Williamsburg |
| <input type="checkbox"/> Barnwell | <input type="checkbox"/> Darlington | <input type="checkbox"/> Horry | <input checked="" type="checkbox"/> Newberry | <input type="checkbox"/> York |
| <input type="checkbox"/> Beaufort | <input type="checkbox"/> Dillon | <input type="checkbox"/> Jasper | <input type="checkbox"/> Oconee | |
| <input type="checkbox"/> Berkeley | <input type="checkbox"/> Dorchester | <input checked="" type="checkbox"/> Kershaw | <input type="checkbox"/> Orangeburg | <input type="checkbox"/> Statewide |
| <input type="checkbox"/> Calhoun | <input type="checkbox"/> Edgefield | <input type="checkbox"/> Lancaster | <input type="checkbox"/> Pickens | |
| <input type="checkbox"/> Charleston | <input checked="" type="checkbox"/> Fairfield | <input type="checkbox"/> Laurens | <input checked="" type="checkbox"/> Richland | |

KIDS KAB, LLC

PROPOSED RATES AND CHARGES

The Company offers transportation services to children of sufficient age and weight to be legally transported in a vehicle without being required to use an infant carrier or car seat.

Transportation services will not be offered to children over the age of 15 who are not still enrolled in high school.

Families must apply for annual membership in the transportation program (the "Program"). The cost of membership is a \$70.00 base fee per family plus \$5.00 per each child enrolled in the Program.

Parents of children who are accepted into the Program will be charged for transportation at a rate of \$8.00 per five (5) mile trip, per child, and \$1.00 per mile, per child for each mile above five (5) miles.

INSURANCE QUOTE

This form **MUST BE COMPLETED AND SIGNED** by an **AUTHORIZED INSURANCE COMPANY REPRESENTATIVE**. The insurance quote must be complete, listing current insurance premiums. At the discretion of the Commission, a copy of current insurance policies may be required. Do not provide a copy of insurance policies unless requested. You will not be required to purchase insurance until your application has been approved and an order has been issued by the PSC. THIS IS ONLY A QUOTE.

The following insurance quote is for:

Kidz Kab, LLC

Name of Applicant

524 Townes Rd. Columbia, SC 29210

Address of Applicant

Amount of Premium:

Limits Quoted: (See Below)

Liability Insurance \$ See Attachment

Limits _____

The above quoted premium is for a term of _____ months.

Minimum Limits - Intrastate Only:

1-7 Passengers* \$ 25,000/50,000/25,000

* Passengers = Number of seatbelts in the vehicle, including the driver's seatbelt

8-15 Passengers* \$ 25,000/100,000/25,000

Johnson and Johnson, Inc.

Name of Insurance Company

200 Wingo Way Suite 200 Mt. Pleasant, SC 29464

Home Office Address of Company

I am familiar with the Commission's Rules and Regulations relating to insurance requirements and the above quote meets the minimum insurance limits prescribed. The insurance company making this quote is authorized by the South Carolina Department of Insurance to do business in South Carolina.

See Attached

_____ Date

_____ Authorized Insurance Company Representative's Signature

NOTICE:

If you wish to self-insure your motor vehicles for liability and property damage, you must comply with S.C. Code Ann. Sections 56-9-60 and 58-23-910. For more information, contact Vickie Coker with the Department of Motor Vehicles at (803) 896-8457.

If you wish to apply as a self-insured for worker's compensation coverage in South Carolina you may do so with the South Carolina Worker's Compensation Commission (WCC) provided that you will be able to: 1) post a surety bond or letter-of-credit with the WCC for a minimum of \$500,000, 2) agree to pay a yearly self-insurance tax, and 3) agree to pay an annual assessment to the South Carolina Second Injury Fund. For more information, contact the WCC Self-Insurance Division at (803) 737-5712 or on the web at www.wcc.state.sc.us/self-insurance.

NEW

RENEWAL NUMBER

CROSS REFERENCE NUMBER

COLUMBIA INSURANCE COMPANY

3024 Harney Street
OMAHA, NEBRASKA
1-800-358-5750

The Declarations include a second part designated "Part 2".

BUSINESS AUTO COVERAGE DECLARATIONS

71 APR 297457

Producer

ITEM ONE NAMED INSURED & ADDRESS

JERRY W. HALL, JR.
DBA: KIDZ KAB, LLC
524 TOWNES ROAD
COLUMBIA, SC 29210

First Palmetto Ins Inc
2484 Augusta Hwy
Lexington, SC 29072

805008

FORM OF NAMED INSURED'S BUSINESS: LLC

NAMED INSURED'S BUSINESS: Kiddie Transportation

POLICY PERIOD: Policy covers FROM 12/03/2013 4:56 PM TO 12/03/2014 12:01 A.M. Standard Time at the Named Insured's Address stated above.

ITEM TWO - SCHEDULE OF COVERAGES AND COVERED AUTOS

This policy provides only those coverages where a charge is shown in the premium column below. Each of these coverages will apply only to those "autos" shown as covered "autos". "Autos" are shown as covered "autos" for a particular coverage by the entry of one or more of the symbols from the COVERED AUTO Section of the Business Auto Coverage Form next to the name of the coverage.

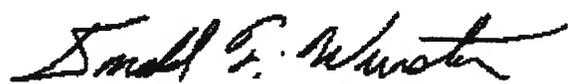
COVERAGES	COVERED AUTOS (Entry of one or more of the symbols from the COVERED AUTOS Section of the Business Auto Coverage Form shows which autos are covered autos)	LIMIT OF INSURANCE THE MOST WE WILL PAY FOR ANY ONE ACCIDENT OR LOSS	PREMIUM
LIABILITY	7	\$ 500,000 CSL	\$ 4,146
PERSONAL INJURY PROTECTION (P.I.P.) (or equivalent No-fault coverage)		SEPARATELY STATED IN EACH P.I.P. ENDORSEMENT MINUS \$ Deductible	\$
ADDED P.I.P. (or equivalent added No-fault cov.)		SEPARATELY STATED IN EACH ADDED P.I.P. ENDORSEMENT	\$
PROPERTY PROTECTION INSURANCE (P.P.I.) (Michigan only)		SEPARATELY STATED IN THE P.P.I. ENDORSEMENT MINUS \$ Deductible FOR EACH ACCIDENT	\$
AUTO MEDICAL PAYMENTS	7	\$ 5,000	\$ 302
UNINSURED MOTORISTS	7	\$ 500,000 CSL (BI & PD)	\$ 540
UNDERINSURED MOTORISTS (when not included in Uninsured Motorists coverage)	7	\$ 500,000 CSL (BI & PD)	\$ 540
PHYSICAL DAMAGE INSURANCE			
COMPREHENSIVE COVERAGE	7	\$ See M 3912b (08/2001)	\$ INCL
SPECIFIED CAUSES OF LOSS		\$	\$
COLLISION COVERAGE	7	\$ See M 3912b (08/2001)	\$ 1,120
TOWING AND LABOR		\$ Deductible FOR EACH COVERED AUTO	\$
FORMS AND ENDORSEMENTS CONTAINED IN THIS POLICY AT ITS INCEPTION See M4572 (12/1994)			PREMIUM FOR ENDORSEMENTS \$
			ESTIMATED TOTAL PREMIUM \$ 6,648
ENTER SYMBOL 10 DESCRIPTION HERE:			
POLICY SUBJECT TO A FULLY EARNED POLICYWRITING MINIMUM PREMIUM OF \$ 0 IF CANCELLED BY THE INSURED.			
ITEM THREE - SCHEDULE OF COVERED AUTOS AS ATTACHED			

Countersigned At Johnson & Johnson, Inc.
Mt. Pleasant, SC By  AUTHORIZED SIGNATURE

In Witness whereof, we have caused this policy to be executed and attested.



Secretary



President

**SOUTH CAROLINA LIABILITY INSURANCE
IDENTIFICATION CARD**

An insurance policy has been issued that meets requirements of South Carolina Financial
Responsibility Law of 1977.

COMPANY NUMBER 71	COMPANY Columbia Insurance Company	
POLICY NUMBER 71 APR 297457	EFFECTIVE DATE 12/03/2013 4:56 PM	EXPIRATION DATE 12/03/2014 12:01 AM
YEAR 2013	MAKE/MODEL DODGE GRAND CARAVAN	VEHICLE IDENTIFICATION NUMBER 2C4RDGCG0DR719449

AGENCY/COMPANY ISSUING CARD

First Palmetto Ins Inc
2464 Augusta Hwy
Lexington, SC 29072

INSURED

JERRY W. HALL, JR. DBA: KIDZ KAB, LLC
524 TOWNES ROAD
COLUMBIA, SC 29210

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

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2464 Augusta Hwy
Lexington, SC 29072

INSURED

JERRY W. HALL, JR. DBA: KIDZ KAB, LLC
524 TOWNES ROAD
COLUMBIA, SC 29210

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YEAR 2013	MAKE/MODEL DODGE GRAND CARAVAN	VEHICLE IDENTIFICATION NUMBER 2C4RDGCGXDR609637

AGENCY/COMPANY ISSUING CARD

First Palmetto Ins Inc
2464 Augusta Hwy
Lexington, SC 29072

INSURED

JERRY W. HALL, JR. DBA: KIDZ KAB, LLC
524 TOWNES ROAD
COLUMBIA, SC 29210

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

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AGENCY/COMPANY ISSUING CARD

First Palmetto Ins Inc
2464 Augusta Hwy
Lexington, SC 29072

INSURED

JERRY W. HALL, JR. DBA: KIDZ KAB, LLC
524 TOWNES ROAD
COLUMBIA, SC 29210

SEE IMPORTANT NOTICE ON REVERSE SIDE

M-4566a (11/1999)

CUT ALONG THIS LINE

**THIS CARD MUST BE CARRIED
IN THE INSURED VEHICLE FOR
PRODUCTION UPON DEMAND**

Report All Accidents To:

1-800-356-5750

24 Hour Toll Free

Claims may also be reported at:
claims@nationalindemnity.com

CUT ALONG THIS LINE

Account Summary For Jerry W. Hall, Jr.



Quote #: 2057367
 Status: Pending
 Policy Type: AP

Originally Quoted: 8/28/2013 3:52 PM EDT
 Quote Printed: 8/28/2013 4:13 PM EDT
 Proposed Effective: 8/28/2013 12:00 AM EDT
 Proposed Expiration: 8/28/2014 12:00 AM EDT

Symbol	Coverage	Limit (\$)	Premium (\$)
7	Liability	500,000 CSL	3,938
7	UM - BIPD	500,000 CSL	540
7	UIM - BIPD	500,000 CSL	540
7	Medical Payments	5,000	302
7	Physical Damage	See Specific Unit	1,111
Total Ins Value		40,345	

Quoted By: Nancy Rast
 Johnson & Johnson, Inc.
 200 Wingo Way, Ste 200
 Mt. Pleasant, SC 29464

nmr@jjins.com
 Producer:

Based on 2 clean mvrs/prior experience/no losses
 Vehicles must be owner operated
 Radius of operation not greater than 25 miles and/or
 Annual mileage per vehicle not greater than 25,000 miles ^{CR}
 The autos must not be under dispatch
 The autos must not operate between 9pm and 6am

Please confirm no filings are needed

Signed application and um form needed to bind

Total \$6,431.00

DOT #: Unknown
 MC #: Unknown

Revision: 71SC2013R01

Vehicle Information		NICO-Rate Version: 8.3.28.16						
Unit	Liability	UM	UIM	Med Pay	Phys Dam	Carqo/ In-Tow	Al/Lessor	Unit Sub Total
1 2012 DODGE CARAVAN (24699) Comp/Coll: \$19,995 Radius: Up to 50 Miles	1,969	270	270	151	571	N/A	N/A	3,231
Deductible: 1,000/1,000								
2 2012 CHRYSLER TOWN & COUNTRY (66822) Comp/Coll: \$20,350 Radius: Up to 50 Miles	1,969	270	270	151	540	N/A	N/A	3,200
Deductible: 1,000/1,000								



Exhibit Fit, Willing, and Able (FWA)

Kidz Kab, LLC
Name of Applicant

1. Are there currently any outstanding judgments against the Applicant?

- Yes No

If Yes, indicate nature of judgement(s) against applicant.

2. Is Applicant familiar with all statutes and regulations, including safety regulations and governing for-hire motor carrier operations in South South Carolina, and does Applicant agree to operate in compliance with these statutes and regulations?

- Yes No

3. Is Applicant aware of the Commission's insurance requirements and the insurance premium costs associated therewith?

- Yes No

Exhibit on Driver Qualifications

1. Applicant understands that all drivers must be a minimum of 18 years of age.

Yes No

2. Applicant understands that a certified copy of the driver's three (3) year driving record issued by the SC DMV and such record from the DMV of the state in which the driver is or has been domiciled for such period must be maintained in the Applicant's business office.

Yes No

3. Applicant understands that a criminal history background check from the state where the driver currently lives must be maintained in the Applicant's business office.

Yes No

4. Applicant understands that all drivers operating a vehicle under a Class C Certificate must have in their possession when operating a charter vehicle, a valid driver's license issued by the SC DMV or the current state of residence of the driver.

Yes No

5. Applicant understands that all Class C Certificate holders are prohibited from employing or leasing vehicles to drivers who are registered, or required to be registered, as sex offenders with the South Carolina State Law Enforcement Division or any national registry of sex offenders.

Yes No

PUBLIC SERVICE COMMISSION OF SOUTH CAROLINA
POST OFFICE DRAWER 11649
COLUMBIA, SOUTH CAROLINA 29211

Applicant is familiar with the provision of S.C. Code Ann. §58-23-10, et seq.(1976), and amendments thereto, and R.103-100 through R.103-241 of the Commission's Rules and Regulations for Motor Carriers (Volume 26, S.C. Code Ann. Regs., 1976), and R.38-400 through R.38-503 of the Department of Public Safety's Rules and Regulations for Motor Carriers (Volume 23A, S.C. Code Ann., 1976) and amendments thereto, and hereby promises compliance therewith.

The Applicant for the Certificate of Public Convenience and Necessity as set forth in the foregoing, swear or affirm that all statements contained in the above application are true and correct.

Jerry W. Hall, Jr.
Kidz Kab, LLC

Applicant's Signature

President

Title of Applicant (e.g. President, Owner, etc.)

STATE OF SOUTH CAROLINA)
COUNTY OF Richland)

SWORN TO BEFORE ME
This 2nd day of June, 2014

Dan R. Hall
Notary Public

Commission Expires ~~My Commission Expires~~ February 5, 2017

The State of South Carolina



Office of Secretary of State Mark Hammond

Certificate of Existence

I, Mark Hammond, Secretary of State of South Carolina Hereby certify that:

KIDZ KAB, LLC, A Limited Liability Company duly organized under the laws of the State of South Carolina on June 26th, 2013, with a duration that is until December 31st, 2063, has as of this date filed all reports due this office, paid all fees, taxes and penalties owed to the Secretary of State, that the Secretary of State has not mailed notice to the company that it is subject to being dissolved by administrative action pursuant to section 33-44-809 of the South Carolina Code, and that the company has not filed articles of termination as of the date hereof.

Given under my Hand and the Great
Seal of the State of South Carolina this
26th day of June, 2013.


Mark Hammond, Secretary of State

JUN 28 2013

STATE OF SOUTH CAROLINA
SECRETARY OF STATE
ARTICLES OF ORGANIZATION
Limited Liability Company – Domestic
Filing Fee - \$110.00

Mark Hammond
SECRETARY OF STATE OF SOUTH CAROLINA

TYPE OR PRINT CLEARLY IN BLACK INK

The undersigned delivers the following articles of organization to form a South Carolina limited liability company pursuant to S.C. Code of Laws §33-44-202 and §33-44-203.

1. The name of the limited liability company (**Company ending must be included in name***)

Kidz Kab, LLC

***NOTE: The name of the limited liability company must contain one of the following endings: "limited liability company" or "limited company" or the abbreviation "L.L.C.", "LLC", L.C." or "LC". "Limited" may be abbreviated as "Ltd.", and "company" may be abbreviated as "Co."**

2. The address of the initial designated office of the limited liability company in South Carolina is

524 Townes Road

Street Address

Columbia, South Carolina 29210

City

Zip Code

3. The initial agent for service of process is

Jerry W. Hall, Jr.

Name

Jerry W. Hall, Jr.
Signature of Agent

and the street address in South Carolina for this initial agent for service of process is

524 Townes Road

Street Address

Columbia, South Carolina 29210

City

Zip Code

4. List the name and address of each organizer. Only one organizer is required. but you may have more than one.

- (a) Jerry W. Hall, Jr.

Name

524 Townes Road

Street Address

Columbia, South Carolina 29210

City

State

Zip Code

- (b)

Name

Street Address

City

130626-0098
KIDZ KAB, LLC

FILED: 06/26/2013

Filing Fee: \$110.00 ORIG



Mark Hammond

South Carolina Secretary of State

5. Check this box only if the company is to be a term company. If the company is a term company, provide the term specified. December 31, 2063

6. Check this box only if management of the limited liability company is vested in a manager or managers. If this company is to be managed by managers, include the name and address of each initial manager.

(a) Jerry W. Hall, Jr.

Name

524 Townes Road

Street Address

Columbia, South Carolina 29210

City

State

Zip Code

(b)

Name

Street Address

City

State

Zip Code

7. [] Check this box only if one or more of the members of the company are to be liable for its debts and obligations under §33-44-303(c). If one or more members are so liable, specify which members, and for which debts, obligations or liabilities such members are liable in their capacity as members. This provision is optional and does not have to be completed.

8. Unless a delayed effective date is specified, these articles will be effective when endorsed for filing by the Secretary of State. Specify any delayed effective date and time.

9. Any other provisions not inconsistent with law which the organizers determine to include, including any provisions that are required or are permitted to be set forth in the limited liability company operating agreement may be included on a separate attachment. Please make reference to this section if you include a separate attachment.

10. Each organizer listed under number 4 must sign.

Jerry W. Hall, Jr.
Signature of Organizer

4-9-13
Date

Signature of Organizer

Date