

L03000031128

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

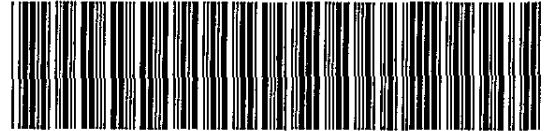
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



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BK

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 AUG 20 AM 11:11

RECEIVED

STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

03 AUG 20 PM 2:16

FILED

CT CORPORATION

August 20, 2003

Secretary of State, Florida
409 East Gaines Street
Tallahassee FL 32399

03 AUG 20 PM 2 18
FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Re: Order #: 5916485 SO
Customer Reference 1:
Customer Reference 2:

Dear Secretary of State, Florida:

Please file the attached:

KPH Ventures, LLC (FL)
Formation
Florida

KPH Ventures, LLC (FL)
Cert Copy of Articles of Inc
Florida

Enclosed please find a check for the requisite fees. Please return evidence of filing(s) to my attention.

If for any reason the enclosed cannot be filed upon receipt, please contact me immediately at (850) 222-1092. Thank you very much for your help.

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

CT CORPORATION

Sincerely,

Brigham Weir
Fulfillment Specialist
Brigham_Weir@cch-lis.com

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FILED
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

660 East Jefferson Street
Tallahassee, FL 32301
Tel. 850 222 1092
Fax 850 222 7615

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KPH Ventures, LLC

ARTICLE II - Address:

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

Principal Office Address:

505 South Flagler Dr. St. 1100
West Palm Beach, FL 33401

Mailing Address:

505 South Flagler Dr. St. 1100
West Palm Beach, FL 33401

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FILED
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

CT Corporation System

Name

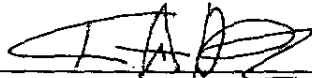
1200 South Pine Island Road

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

Plantation FL 33324

City, State, and 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 608, F.S..



Registered Agent's Signature

TRACI HOUCK
SPECIAL ASSISTANT SECRETARY

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

Karen G. Harris
505 South Flagler Dr. Suite 110
West Palm Beach, FL 33401

MGRM

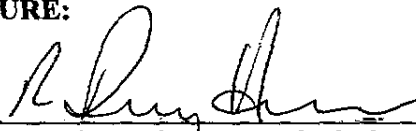
R. Perry Harris
505 South Flagler Dr. Suite 1100

03
MAY
20
PM
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FILED

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

R. Perry Harris

Typed or printed name of signer

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)