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U5-50352
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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Albany K, LLC

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Christopher J. Hubman

(Name of Person)

(Firm/Company)

8934 Conroy Windermere Road

(Address)

Orlando, Florida 32835

(City/State and Zip Code)

For further information concerning this matter, please call:

Christopher J. Hubman

(Name of Person)

at (407) 876-6335

(Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &
Certificate of Status

☐ \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed)

☐ \$160.00 Filing Fee,
Certificate of Status &
Certified Copy
(additional copy is enclosed)

STREET ADDRESS:

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

RECEIVED
JAN 16 AM 11:09
TALLAHASSEE, FLORIDA
SECRETARY OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Albany K, LLC

ARTICLE II - Address:

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

Principal Office Address:

8934 Conroy Windermere Road
Orlando, FL 32835

Mailing Address:

8934 Conroy Windermere Road
Orlando, FL 32835

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

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

Christopher J. Hubman

Name

8934 Conroy Windermere Road

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

Orlando FL 32835

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..

Chris Hubman

Registered Agent's Signature

(CONTINUED)

2005 MAY 16 AM 11:39
SECRETARY OF STATE
TALLAHASSEE, FL 32399

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

"MGRM" = Managing Member

Christopher J. Hubman
8934 Conroy Windermere Road
Orlando, FL 32835

Christopher J. Hubman
8934 Conroy Windermere Road
Orlando, FL 32835

REQUIRED SIGNATURE:

Chris Hyman

(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.)

Christopher J. Hubman

Typed or printed name of signee

**\$125.00 Filing Fee for Articles of Organization and Designation
of Registered Agent**
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

SECRET
TALLAHASSEE FIELD
MAY 16 2004 16 2111:39