## 1000000003977

TO WHOM IT MAY CONCREN?

PLEASE BE ADVISED THAT I WISH TO SUBMIT

A FORM FOR APPLICATION FOR A LIMITED LIABILITY

COMPANY.

SIGNRO,

- Warh C Ron

MARK C. ROSS

9658-3

BOLA GARDENS PKWY

BOLA RATION, FC. 33496-1727

DAYTIME PLANTE NUMBER.; 561-487-0759 300003194063--5 -04/03/00--01134--019 \*\*\*\*160.00 \*\*\*\*160.00

FILED

ON APR -3 PM 9: 5

SECRETARY OF STATE
ALLAHASSEE, FLORID

4/7

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:			
The name of the Limited Liability C	ompany is:		
KWINAMKIN	Y, LLC	•	
ARTICLE II - Address:			
	aga af the main simul 2000 C.1 . T.	t to district state on	
The mailing address and street address それ ちゅうしょ	ess of the principal office of the Li	mited Liability Company is:	
BOCA GARDENS	PKWY		•
BOYN RATION,	FL. 33496,1727		
ARTICLE III - Registered Agent,	Registered Office & Projetaned	Amoutin Cinnature	
The state of the s	registered Office, & Registered	Agent's Signature:	
The name and the Florida street addr	ress of the registered agent are:		
MAR	RK C. ROSS		ing <del>Tille</del> si
01.00	Name		z
	3. B BOCA GARRINS PKI	<u>~Y</u>	
sproit A ) ci A	a street address (P.O. Box NOT acceptable RATEN 534	ole) [96-172]	-
<u></u>	City, State, and Zip	<u> </u>	
	• • •		
Having been named as registered ag	ent and to accept service of proces	s for the above stated limited	
tiability company at the place design	tated in this certificate. I hereby acc	cent the appointment as	
registered agent and agree to act in t	this capacity. I further agree to con	mply with the provisions of all	
statutes relating to the proper and co	mplete performance of my duties	and I am familiar with and	
accept the obligations of my position	as registered agent as provided fo	r in Chapter 608 F.S	
- · · ·			
	Marko (Ross	≥SE 30	
***************************************	Registered Agent's Signature		n n <del></del>
		<b>美田 幕 市</b>	
Article IV - Management (Check	box if applicable.)	-	1
The Limited Liability Company	y is to be managed by one manager	r or more managers and is	í •
therefore, a manager - managed con	npany.		
	, ,		
	\	9: u	-
	.\/	57 57	
(An additional artic	cle must be added if an effective d	ate is requested)	
			and the state of the second
Signature of a	a member or an authorized representa	tive of a member.	
(In accordance	with section 608.408(3), Florida Statute	es the execution	-
of this docum	ent constitutes an affirmation under the n	enalties of perjury	
that the facts s	stated herein are true.)		
***************************************			
	Typed or printed name of signee		1
	- -	•	
	FILING FEES:		
\$ 100.00 Fi	iling Fee for Articles of Organization		
5 25.00 DG \$ 30.00 C	esignation of Registered Agent ertified Copy (OPTIONAL)		
\$ 5.00 C	ertificate of Status (OPTIONAL)		