

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

L000000012764

KPMT Corp. LLC

200003429772--9

-10/19/00--01054--019

\*\*\*\*155.00 \*\*\*\*155.00

Art of Inc. File \_\_\_\_\_

LTD Partnership File \_\_\_\_\_

Foreign Corp. File \_\_\_\_\_

☒ L.C. File Cert

Fictitious Name File \_\_\_\_\_

Trade/Service Mark \_\_\_\_\_

Merger File \_\_\_\_\_

Art. of Amend. File \_\_\_\_\_

RA Resignation \_\_\_\_\_

Dissolution / Withdrawal \_\_\_\_\_

Annual Report / Reinstatement \_\_\_\_\_

☒ Cert. Copy \_\_\_\_\_

Photo Copy \_\_\_\_\_

Certificate of Good Standing \_\_\_\_\_

Certificate of Status \_\_\_\_\_

Certificate of Fictitious Name \_\_\_\_\_

Corp Record Search \_\_\_\_\_

Officer Search \_\_\_\_\_

Fictitious Search \_\_\_\_\_

Fictitious Owner Search \_\_\_\_\_

Vehicle Search \_\_\_\_\_

Driving Record \_\_\_\_\_

UCC 1 or 3 File \_\_\_\_\_

UCC 11 Search \_\_\_\_\_

UCC 11 Retrieval \_\_\_\_\_

Courier \_\_\_\_\_

Signature \_\_\_\_\_

Requested by: CM

Name \_\_\_\_\_

Date 10/19

Time 10:00

Walk-In \_\_\_\_\_

Will Pick Up \_\_\_\_\_

RECEIVED  
DIVISION OF CORPORATION  
00 OCT 19 PM 11:09

00 OCT 19 PM 12:40

10-19-00

## **ARTICLES OF ORGANIZATION**

**OF**

**KPMT CORP., LLC**

Each undersigned individual, being either a member or the authorized representative of a member, hereby presents these Articles of Organization to the Department of State of the State of Florida in accordance with Chapter 608, Florida Statutes, for the formation of a limited liability company under the laws of the State of Florida.

### **ARTICLE I**

The name of the limited liability company (the "Company") is KPMT Corp., LLC.

### **ARTICLE II**

Unless and until the Company is dissolved by the unanimous consent of the members or by law, the Company will exist in perpetuity from the date of the filing of these Articles with the Florida Department of State.

### **ARTICLE III**

The mailing address and street address of the Company's principal business office is:

8491 NW 17<sup>th</sup> Street, Suite L  
Miami, Florida 33126

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AND  
FILED  
OCT 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

#### ARTICLE IV

The name of the initial registered agent and the street address of the initial registered office for service of process in the State of Florida are as follows. Attached to these Articles is a written statement from the registered agent as required by Florida Statute § 608.415.

Registered Agent

Harold L. Lewis

Address of Registered Office

One Biscayne Tower, Suite 2400  
2 South Biscayne Boulevard  
Miami, Florida 33131

#### ARTICLE V

The business of the Company shall be managed by one or more managers. The Company shall be a manager-managed Company.

#### ARTICLE VI

The Company may exercise any powers, without limitation whatsoever, which a limited liability company may legally exercise under the laws of the State of Florida.

#### ARTICLE VII

The Company may indemnify any manager, member, officer, employee or agent of the Company to the fullest extent permitted by Florida law.

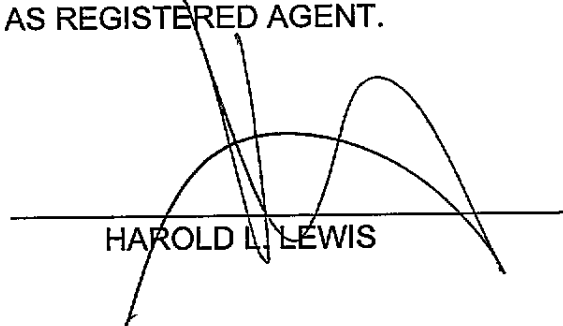
IN WITNESS WHEREOF, the undersigned authorized representative of the Company has hereunto executed these Articles of Organization this 18<sup>TH</sup> day of October, 2000.

  
HAROLD L. LEWIS, Authorized Representative

APPROVED  
AND  
FILED  
00 OCT 19 PM 12:40  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ACCEPTANCE OF REGISTERED AGENT**

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.

  
HAROLD L. LEWIS

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APPROVED  
FILED  
00 OCT 19 PM 12:40  
HAROLD L. LEWIS  
HAROLD L. LEWIS