CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301

417 E. Virginia Street, Suite 1 • Tallanassee, Florida 52501 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

KF, L.L.C.	700044599879 -07/05/0101021022 ****155.00 ****155.00
Signature Requested by: 7-5-61 fine Name Date Time	Art of Inc. File LTD Partnership File Foreign Corp. File L.C. File 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 Fictitious Name Corp Record Search Officer Search Fictitious Owner Search Vehicle Search Driving Record UCC 1 or 3 File UCC 11 Search UCC 11 Search UCC 11 Search LTD SECRETARY OF AND
Name Date Time	UCC 11 Retrieval

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: KF, L.L.C.

ARTICLE II - Address:

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

Mailing and Street Address: 2089 N. Powerline Rd.

Pompano, Floridax33486x 33069

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

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

Florino A. Crispo 12729 N.W. 13 Manor Coral Springs, FL 33071

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 property 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.

ARTICLE IV - Management:

The Limited Liability company is to be managed by one manager or more managers and i therefore, a manager - managed company.

ignature of member or an authorized representative of a member.

Typed or printed name of signee

(In accordance with Section 608,408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of periury that the facts stated herein are true.)