5824 Bee Ridge Rd., #414 Sarasota, FL 34233 Phone: 941.923.2608 Fax: 941.923.2608

00789-00623-00671

November 6, 2001

Florida Department of State Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314 11/26

WOI-26046

200004672572--5;;; -11/08/01--01054--001 ****160.00 ****160.00

To the Florida Department of State:

Enclosed is an application for registration of Colby-Clark as a Limited Liability Corporation in the State of Florida. Also enclosed is a check in the amount of \$160.00 to cover the total necessary for filing fees, designation of Registered Agent, certified copy, and certificate of status.

If there are any questions, please contact us at 941.923.2608.

MJH

Thank you in advance for your assistance.

Sincerely,

Bonita L. Peters, Chairman

Colby-Clark

SECRETARY OF STATE



FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

November 13, 2001

BONITA L. PETERS COLBY-CLARK, LLC 5824 BEE RIDGE RD., #414 SARASOTA, FL 34233

SUBJECT: COLBY-CLARK, LLC Ref. Number: W01000026046

We have received your document for COLBY-CLARK, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Letter Number: 301A00061310

Michelle Hodges Document Specialist

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	4	
ARTICLE I - Name:		
The name of the Limited I	Liability Company is:	
Colby-Cla		ā
Coloy - Cit	KIK, LLC	
ARTICLE II - Address:		
The mailing address and st	treet address of the principal office of the Limited Liability Co	nmnanız ic
Colby-Cl	ark 110	onipany is.
#824 B	ed Agent, Registered Office, & Registered Agent's Signatu	
Same	2 Niago Ra, # 714	,
ARTICLE III - Registere	ed Agent, Registered Office, & Registered Agent's Signatu	iro.
	garage and a state of the state	
The name and the Florida	street address of the registered agent are:	
		·
	Bonita L. Teters	
	Bonita L. Peters Name 4824 Benchmark Ct	
•	7824 Denchmark Ct	
	Florida street address (P.O. Box NOT acceptable)	
	City, State, and Zip	
	Oity, State, and Zip	
Having been named as reg	istered agent and to accept service of process for the above sta	ited limited
liability company at the pla	ace designated in this certificate, I hereby accept the appointme	ent as
registered agent and agree	to act in this capacity. I further agree to comply with the prov	visions of all
statutes relating to the prop	per and complete performance of my duties, and I am familiar	with and
accept the obligations of m	y position as registered agent as provided for in Chapter 608,	F.S
		•
	Boneta L. Peters	•
	Registered Agent's Signature	
Andria TS7 XX	1 (C) 1 1 10 10 10 10 10 10 10 10 10 10 10 10	•
Article IV - Managemen	t (Check box if applicable.)	
Ine Limited Liability	Company is to be managed by one manager or more manager	rs and is,
therefore, a manager - man	naged company.	
•	•	
(An additi	onal article must be added if an effective date is requested)	⊼ _S ⊂
(z mr addin	Dontte Litter 1)	
Signatu	re of a member or an authorized representative of a member.	NOV AHA
		ASA V
(In acc	cordance with section 608.408(3), Florida Statutes, the execution	ARY SSE
that the	document constitutes an affirmation under the penalties of perjury facts stated herein are true.)	
	R + DI	
	Donita L. Teters	
,	Typed or printed name of signee	Ş≓ Sı
	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)	