Florida Department of State

Division of Corporations
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Division of Corporations

Fax Number : (850)203-6383

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Account Name : PARCORP SERVICES, LTG.

Account Number: 119990000011 Prome : 18771608-1983 Fax Number : 17071278-4830

DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

KELROY INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Lw.

SECRETARY OF STATE TALLAHASSEE, FLORID

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STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF

KELROY INVESTMENTS LLC

Pursuant to s. 608,407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is.

KELROY INVESTMENTS LLC

ARTICLE II - Address:

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

5050 R. SCAFF ROAD, ST. AUGUSTINE, FL 32092

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

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

TIM C. HAGAN

Name

5050 R. SCAFF ROAD

Plorida street address (P.O. Box NOT ACCEPTABLE)

ST. AUGUSTINE, FL 32092

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 cortificate, I here by 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 60%.

Registered Agent's Signature

ARTICLE IV - Management (Check Box if Applicable.)

2 The Limited Liability Company is to be managed by one manager or more managers and is therefore, a

manager - managed company.

Signature of a member or authorized representative of a member.

(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.)

DAVID L. SURINA

Typed or Printed name of signer

Preparer Info:

Remoting Services, Ltd. Villewith Lagurina

9311EV2575111 STOROTASTIC HISVESTY, NEIDENGHOLLIFIGUSGS //P(800) 1003-2633848

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ALLAHASSEE, FLORING

SECRETARY OF STATE

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507 FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

i. The name of the limited liability company is:

KELROY INVESTMENTS LLC

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

TIM C. HAGAN

Notine

5050 R. SCAFF ROAD

Florida street address (P.O. Box NOT ACCEPTABLE)

ST. AUGUSTINE, FL 32092

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.

Registered Agent TIM C. HAGAN

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