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LIMITED LIABILITY COMPANY

HKH, LLC

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**ARTICLES OF ORGANIZATION
OF
HKH, LLC**

Pursuant to the provisions of Chapter 608, Florida Statutes, 2001, the undersigned hereby adopts the following Limited Liability Company Articles of Organization:

ARTICLE I - NAME

The name of this Limited Liability Company is HKH, LLC.

ARTICLE II - DURATION

The Company shall exist perpetually.

ARTICLE III - MAILING ADDRESS AND STREET ADDRESS

The mailing address of the principal office of the Company is P.O. Box 2467, Panama City, FL 32402, and the street address of the principal office of the Company is 220 McKenzie Avenue, Panama City, FL 32401.

THIS INSTRUMENT PREPARED BY:
Roland W. Kiehn, Esq.
Fla. Bar No. 0870250
Barron, Redding, Hughes, Fite,
Fensom, Sanborn & Kiehn, P.A.
220 McKenzie Avenue
P.O. Box 2467
Panama City, FL 32402
(850) 785-7454

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ARTICLE IV - INITIAL REGISTERED AGENT AND ADDRESS

The name and street address of the initial registered agent of the Company and of the Registered Office of the Company are Roland W. Kiehn, Esq., 220 McKenzie Avenue, Panama City, FL 32401.

ARTICLE V - CONTINUATION OF BUSINESS

In the event of the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member, or the occurrence of any other event which would otherwise terminate the continued membership of a Member in the Company, the remaining Members of the Company may continue the business of the Company.

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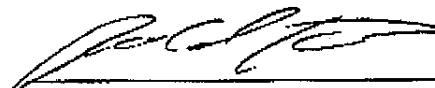
ARTICLE VI - MANAGEMENT

The Company shall be managed by the members.

ARTICLE VII - LIMITATION ON AUTHORITY

Pursuant to Section 608.4235 of the Florida Limited Liability Company Act, no member shall be an agent of the Company solely by virtue of being a member.

IN WITNESS WHEREOF, the undersigned, as the authorized representative of the Members, has executed these Articles of Organization on this 6th day of June, 2002.



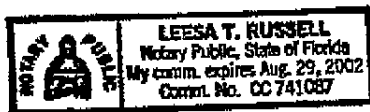
Roland W. Kiehn

STATE OF FLORIDA
COUNTY OF BAY

The foregoing instrument was acknowledged before me this 6th day of June, 2002, by Roland W. Kiehn as authorized representative of the Members, who: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

(SEAL)



Leesa T. Russell
Leesa T. Russell
(Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

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**STATEMENT OF ACCEPTANCE
AND DESIGNATION OF REGISTERED AGENT
OF
HKH, LLC**

STATE OF FLORIDA
COUNTY OF BAY

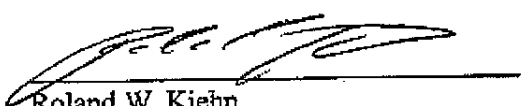
Pursuant to the provisions of Sections 608.415 and 608.407(1)(c) of the Florida Limited Liability Company Act, the limited liability company identified below submits the following statement in designating its registered office and registered agent in the State of Florida:

The name of the limited liability company is HKH, LLC.

The name of the registered agent for HKH, LLC is Roland W. Kiehn and the street address of the company's registered office where the agent is located is 220 McKenzie Avenue, Panama City, Florida, 32401.

This statement is to acknowledge that, as indicated above, HKH, LLC has appointed me, Roland W. Kiehn, as its registered agent to accept service of process for the company at the place designated above in this certificate. I accept this 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.

DATED this 4th day of June, 2002.


Roland W. Kiehn
Registered Agent

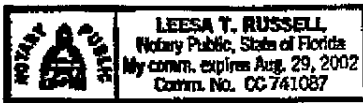
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TALLAHASSEE, FLORIDA

The foregoing instrument was acknowledged before me this 6th day of June, 2002, by Roland W. Kiehn, registered agent of HKH, LLC, a limited liability company, who: (notary must check applicable box)

- ☒ is personally known to me.
☐ produced a current Florida driver's license as identification.
☐ produced _____ as identification.

(SEAL)



Leesa T. Russell

 (Print Name)

Notary Public

Commission # _____

My Commission Expires: _____

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