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Florida Department of State
Division of Corporations
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To: Division of Corporations
Fax Number : (850) 205-0383

From: Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

03 JAN 24 PM 3:05

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LIMITED LIABILITY COMPANY

KPM GROVE LLC

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DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KPM GROVE LLC.

Article II - Address:

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

881 OCEAN DR., TH6
KEY BISCAYNE, FL. 33149

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

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

KAREN HOLLIHAN-MARGARITOFF
Name

881 OCEAN DR., TH-6
Florida street address (P.O. Box NOT acceptable)

KEY BISCAYNE, FL. 33149
City, State, and Zip

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TALLAHASSEE, FLORIDA

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 606, F.S..

Karen Margaritoff
Registered Agent's Signature

ARTICLE IV - Management / Members

The name(s) and address(es):

KAREN HOLLIHAN-MARGARITOFF
881 OCEAN DR. TH-6
KEY BISCAYNE, FL 33149

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ARTICLE V - Management (Check box if applicable.)

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

(An additional article must be added if an effective date is requested)

Karen Houlahan

Signature of a member or an 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.)

KAREN HOULAHAN MARGARET JOFF

Typed or printed name of signee

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