

L03000022780

(Requestor's Name)

(Address)

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(City/State/Zip/Phone #)

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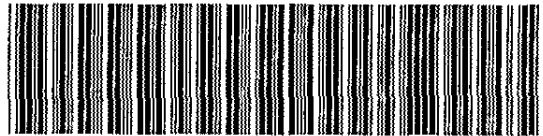
(Business Entity Name)

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DIVISION OF CORPORATION

BK



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 142242 4328337

AUTHORIZATION :

*Patricia Pigjito*

COST LIMIT : \$ 160.00

ORDER DATE : June 23, 2003

ORDER TIME : 10:07 AM

ORDER NO. : 142242-005

CUSTOMER NO: 4328337

CUSTOMER: Ms. Lynne M. Rader  
Cohen & Grigsby

15th Floor  
11 Stanwix Street  
Pittsburgh, PA 15222

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DOMESTIC FILING

NAME: PRICE-KIND, L.L.C.

EFFECTIVE DATE:

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX CERTIFIED COPY

XX CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Norma Hull - EXT.

EXAMINER'S INITIALS: \_\_\_\_\_

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

PRICE-KIND, L.L.C.

## ARTICLE II - Address:

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

4263 Bay Beach Lane #1014  
Fort Myers Beach, FL 33931

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

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

Cohen & Grigsby, P.C.

Name

27200 Riverview Center Blvd., Suite 309

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

Bonita Springs, FL 34134

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.*

By:

Cohen & Grigsby, P.C.

Jack W. Elliott

Registered Agent's Signature

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

*Lynne M. Rader*

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.)

Lynne M. Rader

Typed or printed name of signer

### 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)

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IN AND FOR THE COUNTY OF FLORIDA