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TRANSMITTAL LETTER

TO: Registration Section Division of Corporations	
SUBJECT: K Realty Group L.L.C. (Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
KILSY J. VARGAS (Name of Person)	
(Name of Person)	
(Firm/Company)	
5300 LAZY DAKS LN.	
(Address)	
ORLANDO, FL 33839 (City/State and Zip Code)	<u> </u>
(City/State and Zip Code)	93 × × × × × × × × × × × × × × × × × × ×
For further information concerning this matter, please call:	ASCIDED OS DEC
KILSY J. VARGAS at (407) 854-9977 (Name of Person) (Area Code & Daytime Telephone Number	12 S
(Name of Person) (Area Code & Daytime Telephone Number	*) # * * * * * * * * * * * * * * * * * *

STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399

MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Comp	oany is:		
K Realty Group, L	.L.C.	•	
ARTICLE II - Address: The mailing address and street address of	of the principal	office of the Limited Li	iability Compan
Principal Office Address:		Mailing Address:	
5300 Lazy Oaks Ln.	_	5300 Lezy	Oaks Ln.
Orlando, FL 32839		Orlando, FL	32839
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Kilsy Va	Mame	:	~~ ≥ o
5300 (e.z	y Oaks L	n	ISION O
Florida street add	ress (P.O. Box <u>N</u> C	T acceptable)	
Orland	, State, and Zip	ORIDA 32839	2 PM 4:
g been named as registered agent and to acc any at the place designated in this certificate o act in this capacity. I further agree to com complete performance of my duties, and I am registered agent as provided	, I hereby accep ply with the pro familiar with ar	of the appointment as reg wisions of all statutes re ad accept the obligations	ted limited liabi gistered agent a lating to the pro

Page 1 of 2 (CONTINUED)

Kilsy Vargas 5300 Lazy Oaks Ln. Orlando, FL 32839

(Use attachment if necessary)

"MGR" = Manager

MGR

"MGRM" = Managing Member

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Name and Address:

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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.)

Kilsy Vargas
Typedfor printed name of signee

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)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 607.0501, FLORIDA STATUTES, THE UNDERSIGNED CORPORATION, ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:	
K Realty Group, L.L.C.	
2. The name and address of the registered agent and office is:	
Kilsy Vargas	
Name	
5300 Lazy Oaks Ln.	
P.O. Box or Mail Drop Box NOT Acceptable	173
Orlando, FL 32839 City/State/Zip	3 ₹
City\State\Zip	SECRETA
Having been named as registered agent and to accept service of process for the above stated corporation 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	
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DIVISION OF CORPORATIONS, P.O. BOX 6327, TALLAHASSEE, FL 32314