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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

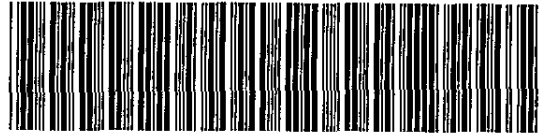
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03/26/04--01086--029 **160.00

FILED
04 APR 26 PM 15
2004

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: 414 South K St, 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:

JAMES M HOPKINS JR
(Name of Person)

~~THE~~
(Firm/Company)

1102 NORTH A ST
(Address)

LAKE WORTH, FL 33460
(City/State and Zip Code)

FILED
MAY 26 PM 1:15
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

JAMES M. HOPKINS JR at (561) 233-3676
(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

04 MAR 26 PM 12:15
NOTAR PUBLIC

ARTICLE I - Name:

The name of the Limited Liability Company is:

414 SOUTH K ST, L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

414 SOUTH K ST
LAKE WORTH, FL 33460

Mailing Address:

P.O. Box 789
LAKE WORTH, GA 33460

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


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

JAMES M. HOPKINS JR
Name

1102 N. A ST
Florida street address (P.O. Box NOT acceptable)

LAKE WORTH FLORIDA 33460
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, Florida Statutes..


Registered Agent's Signature

04/15/26 11:12:15
REC'D ASSISTANT CLERK

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JAMES M. HOPKINS JR
1102 N A ST
LAKE WORTH, FL 33460

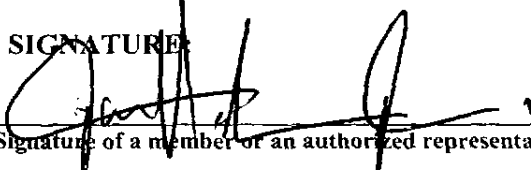
MGR

DOUGLAS J. HOPKINS
265 OHIO RD
LAKE WORTH, FL 33460

(Use attachment if necessary)

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.)

JAMES M. HOPKINS JR

Typed or 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)