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(Requ	estor's Name)
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Certified Copies	Certificates of Status
Special Instructions to Fili	ing Officer:
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TALLAHASSEE, FLORIDA

TALLAHASSEE, FLORIDA

Requestor's Name 1965 Capital Circle NE, Suite A Address Tallahassee, FI 32308 850-222-2785 City/su/zip Phone # CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known): 1- KENT-YORK DEVELOPMENT, LLC 2- 3- 4- X Walk-in Pick-up time ASAP XXX Certified Copy Maii-out Will wait Photocopy Certificate of Status NEW FILINGS Profit Non-Profit XX Limited Liability Domestication Other Non-Profit Change of Registered Agent Dissolution/Withdrawal Dissolution/Withdrawal Merger Nerger REGISTRATION/QUALIFICATION Foreign Reinstatement Limited Partnership Reinstatement Trademark Other	ATTORNEYS' TIT	LE		1			
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Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		TAS OF			
The name of the Limited Liability Company is:		THE T			
KENT-YORK DEVELOPMENT, LLC		ASSIA IT			
ARTICLE II - Address: The mailing address and street address of the pr	incipal office of the Limited Liabi	lity genpany is:			
Principal Office Address:	Mailing Address:	P			
2747 S. Ridgewood Ave., Suite B	2747 S. Ridgewood Ave., Suite B	<u> </u>			
South Daytona, FL 32119	South Daytona, FL 32119				
ARTICLE III - Registered Agent, Registered The name and the Florida street address of the re	, ,	gnature:			
Barbara C. Bonarrigo					
Name					
2747 S. Ridgewood Ave., Suite	B	**			
Florida street add	ress (P.O. Box NOT acceptable)				
South Daytona, FL 32119	_FL				
City, State, a	nd 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..

Registered Agent's Signature

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
MGRM	Chuck Gilbert
	1700 Lambert Avenue
	Flagler Beach, FL 32136
MGRM	Barbara C. Bonarrigo
***************************************	1205 N. Halifax Avenue
	Daytona Beach, FL 32118
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(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.)

Barbara C. Bonarrigo

Typed or printed name of signee

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)