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DIVISION OF CORPORATIONS

JONES FOSTER JOHNSTON & STUBBS

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Page 1 of 1

Florida Department of State  
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Account Name : JONES, FOSTER, JOHNSTON & STUBBS, P.A.  
Account Number : 076077003231  
Phone : (561) 650-0471  
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**LIMITED LIABILITY COMPANY**

**K.T. FAMILY, LLC**

Certificate of Status	0
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ARTICLES OF ORGANIZATION  
OF  
K.T. FAMILY, LLC

A Florida Limited Liability Company

The undersigned hereby acknowledges these Articles of Organization for the purpose of forming a Limited Liability Company under the Florida Limited Liability Company Act, Chapter 608, Laws of Florida.

ARTICLE I  
Name

The name of the Limited Liability Company is K.T. FAMILY, LLC.

ARTICLE II  
Address

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

1157 S. State Road 7  
Wellington, Florida 33414

ARTICLE III  
Registered Agent and Registered Office

The name and the Florida street address of the Registered Agent are:

Krishna Tripuraneni  
1157 S. State Road 7  
Wellington, Florida 33414

ARTICLE IV  
Management

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

ARTICLE V  
Commencement

The Limited Liability Company shall commence its existence upon filing with the Secretary of State of the State of Florida.

SECRETARY OF STATE  
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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.

Date:

4.5.05

  
\_\_\_\_\_  
KRISHNA TRIPURANENI, Member

511 670

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SECRETARY OF THE  
TALLAHASSEE C.A.B.

**CERTIFICATE DESIGNATING PLACE OF  
BUSINESS OR DOMICILE FOR THE SERVICE  
OF PROCESS WITHIN THIS STATE, NAMING  
AGENT UPON WHOM PROCESS MAY BE SERVED**

Pursuant to the provisions of Section 608.415 or 608.507, Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a Registered Office and Registered Agent in the State of Florida:

That K.T. FAMILY, LLC, desiring to organize under the laws of the State of Florida, has named KRISHNA TRIPURANENI, located at the Registered Office of the Limited Liability Company at 1157 S. State Road 7, Wellington, Florida 33414, as its Registered Agent to accept service of process within this state.

**ACKNOWLEDGMENT:**

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.

  
\_\_\_\_\_  
KRISHNA TRIPURANENI

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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