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DIVISION OF CHROKATION



CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301 (850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

| | | \$ 50 W |
|--|-----------------------------|---|
| KDK Resor | + Properties, sec. | Arto Maria |
| | | Chick Control of the |
| | | |
| | *** | Art of Inc. File |
| | | LTD Partnership File |
| | | Foreign Corp. File |
| | | L.C. File |
| | | Fictitious Name File |
| | | Trade/Service Mark |
| | | Merger File |
| | | Art. of Amend. File |
| | | RA Resignation |
| | | Dissolution / Withdrawal |
| | | Annual Report / Reinstatement |
| | | Cert. Copy |
| | | Photo Copy |
| | | Certificate of Good Standing |
| | | Certificate of Status |
| | | Certificate of Fictitious Name |
| | | Corp Record Search |
| | | Officer Search |
| | | Fictitious Search |
| Signature | | Fictitious Owner Search |
| - · · G · · · · · · · · · · · · · · · · · · · | | Vehicle Search |
| | | Driving Record |
| Requested by: | (lad | UCC 1 or 3 File |
| Name | (a) 38 (D) (D:10) Date Time | UCC 11 Search |
| rane | Date Time | UCC 11 Retrieval |
| Walk-In | Will Pick Up | Courier |

| ARTICLES OF ORGANIZATION FOR FL | LORIDA LIMITED LIABILITY COMPANY |
|---|--|
| ARTICLE I - Name: The name of the Limited Liability Company is: | ALE TO THE SECOND OF THE SECON |
| KDK RESORT PROPERTIES, LLC | |
| ARTICLE II - Address: The mailing address and street address of the pr | rincipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 1105 EAST CONCORD STREET | 1105 EAST CONCORD STREET |
| ORLANDO, FL 32803 | ORLANDO, FL 32803 |
| ARTICLE III - Registered Agent, Registered The name and the Florida street address of the r | |
| | egistered agent are: |
| ROBERT H. SCOTT, JR. | |
| Name | |
| 338-G PARQUE DRIVE | |
| Florida street add | dress (P.O. Box <u>NOT</u> acceptable) |
| ORMOND BEACH, FL 32174 | FL |
| City, State, a | 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.

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Managing Member | Name and Address: | | | | |
|--|--|--|--|--|--|
| MGRM | DONNA TOLLIVER | | | | |
| | 1105 EAST CONCORD STREET | | | | |
| | ORLANDO, FL 32803 | | | | |
| MGRM | KELLY GREEN | | | | |
| | 1105 EAST CONCORD STREET | | | | |
| | ORLANDO, FL 32803 | | | | |
| MGRM | MARGARET K. JENNINGS | | | | |
| | 1105 EAST CONCORD STREET | | | | |
| | ORLANDO, FL 32803 | | | | |
| | | | | | |
| | | | | | |
| (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 | | | | | |

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

ROBERT H. SCOTT, JR.

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Typed or printed name of signee

TRANSMITTAL LETTER

| TO: Registration Section Division of Corpo | | | |
|---|---|--|--|
| SUBJECT: KDK RESO | | | |
| | (Name of Limited | Liability Company) | |
| The enclosed Articles of O | rganization and fee(s) are su | bmitted for filing. | |
| Please return all correspond | dence concerning this matter | to the following: | |
| ROBERT H | i. SCOTT, JR. | | |
| | (N | ame of Person) | |
| | | | |
| HATS, LLC | /10 | irm/Company) | |
| | (1) | пписотрану) | |
| 338-G PARQU | JE DRIVE | | |
| | | (Address) | |
| | | | |
| ORMON | ND BEACH, FL 32174 | | |
| | (City/S | State and Zip Code) | |
| For further information con | ncerning this matter, please of | call: | |
| ROBERT H. SCOTT, JF | ₹. | at (_386)_672-9563 | |
| (Name of | Person) | (Area Code & Daytime Te | elephone Number) |
| Enclosed is a check for t | he following amount: | | |
| • | 7 \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) |
| STREE | Γ ADDRESS: | MAILING A | DDRESS: |
| Registration Section Division of Corporations | | Registration Section Division of Corporations | |
| 409 E. G | aines Street | P.O. Box 6323 | 7 |
| Tallahas | see, Florida 32399 | Tallahassee, F | IOTIDA 32314 |