

Division of Corporations

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Florida Department of State
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LIMITED LIABILITY COMPANY

N630MK, LLC

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FOLEY & LARDNER LLP
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JACKSONVILLE, FL 32202-5017
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MESSAGE:

Please see attached.

CONFIDENTIALITY NOTICE: THE INFORMATION CONTAINED IN THIS FACSIMILE MESSAGE IS INTENDED ONLY FOR THE PERSONAL AND CONFIDENTIAL USE OF THE DESIGNATED RECIPIENTS NAMED ABOVE. THIS MESSAGE MAY BE AN ATTORNEY-CLIENT COMMUNICATION, AND AS SUCH IS PRIVILEGED AND CONFIDENTIAL. IF THE READER OF THIS MESSAGE IS NOT THE INTENDED RECIPIENT OR ANY AGENT RESPONSIBLE FOR DELIVERING IT TO THE INTENDED RECIPIENT, YOU ARE HEREBY NOTIFIED THAT YOU HAVE RECEIVED THIS DOCUMENT IN ERROR, AND THAT ANY REVIEW, DISSEMINATION, DISTRIBUTION OR COPYING OF THIS MESSAGE IS STRICTLY PROHIBITED. IF YOU HAVE RECEIVED THIS COMMUNICATION IN ERROR, PLEASE NOTIFY US IMMEDIATELY BY TELEPHONE AND RETURN THE ORIGINAL MESSAGE TO US BY MAIL. THANK YOU.

FOLEY & LARDNER LLP

Fax Audit No.
H05000175249 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I – Name:**

The name of the Limited Liability Company is: **N630MK, LLC.**

ARTICLE II – Address:

The mailing address and street address of the principal office of the Limited Liability Company are:
5772 TIMUQUANA ROAD, JACKSONVILLE, FL 32210.

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

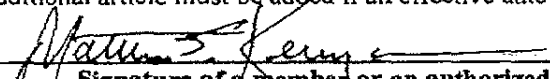
The name and the Florida street address of the registered agent are:

MATTHEW E. KENYON
Name
5772 TIMUQUANA ROAD
Florida street address (P.O. Box **NOT** acceptable)
JACKSONVILLE, FL 32210
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 completed 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.


MATTHEW E. KENYON

(An additional article must be added if an effective date is requested)


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.)

MATTHEW E. KENYON
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)

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