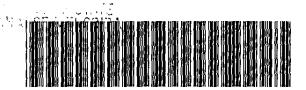
LOSODOP88458

(Requestor's Name) (Address) (Address) (City/State/Zip/Phone #) PICK-UP WAIT MAIL. (Business Entity Name) (Document Number) Certified Copies ___ Certificates of Status _ Special Instructions to Filing Officer.

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TRANSMITTAL LETTER

Division of Corporations	, ,
SUBJECT: KNB LAND HOLDINGS OF ORA (Name of Limited Liability Company)	NGE COUNTY, LLE
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the	following:
BECKY DERRY (Name of Person)	
KNB LAND HOLDINGS OF O	RANGE COUNTY, LIC
2727 ULMERTON RD (Address)	#200
CLEARWATER, FL 337 (City/State and Zip Code)	162
For further information concerning this matter, please call:	
BECKY DERRY , 727, 573-	4488

STREET ADDRESS:

(Name of Person)

TO:

Registration Section

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:

(Area Code & Daytime Telephone Number)

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FLORIDA LIVITED LIA	BILLI Y COMPANY	
ARTICLE I - Name: The name of the Limited Liability Company is:	2035 / 11 3 2 1 A 12 4	Я
KNB LAND HOLDINGS OF	ORANGE COUNTY LLC	
ARTICLE II - Address: The mailing address and street address of the princip		1
Principal Office Address:	Mailing Address:	
2727 ULMERTON RD #200	2727 ULMERTON RD #200	ţ
CLEARWATER, FL 33762	CLEARWATER, FL 33762	

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:

WILLIAM H. BULLAI	KD
Name	
2727 LLMERTON F	RD #200
Florida street address (P.O. Box NO	Γ acceptable)
CLEARWATER FLOI City, State, and Zip	RIDA 33762

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

Page 1 of 2 (CONTINUED)

ARTICLE IV- Manager(s) or Man	aging Member(s):	
The name and address of each Manag	~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~ ~	follows:
Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:	705 (1933) A 19: 148
MGRM	WILLIAM H. E 2727 ULMERTO CLEARWATER,	BULLARD ON RD #200 FL 33762
(Use attachment if necessary)		
NOTE: An additional article must) n	
(In accordance with section of this document constitutes that the facts stated herein as	<u> </u>	cution
WILLIAM Typed o	μ, BULLARO r printed name of signee	

<u>Filing Fees;</u> \$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)