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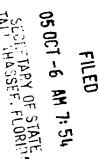
(Requestor's Name)			
(Address)			
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PICK-UP WAIT MAIL			
(Business Entity Name)			
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Certified Copies Certificates of Status			
Special Instructions to Filing Officer:			





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COVER LETTER

TO: Registration Division of 0				
SUBJECT:	M Develop (Name of Limite	ment, LLC ed Liability Company)		
The enclosed Articles	of Organization and fee(s) are s	submitted for filing.		
Please return all correspondence concerning this matter to the following:				
Hich	nael C. Tay	lor		
	~	(Name of Person)		
	. _	(Firm/Company)		
166	3 Febblebe	ach Blvd.		
(Address)				
Green Cove Springs, Fl. 32043				
For further information	n concerning this matter, please	call:		
1111				
Michael C (Nar	ne of Person)	at (904) 276- (Area Code & Daytime To	PLSHO	
Enclosed is a check	for the following amount:			
☐ \$125.00 Filing Fee	e \$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)	
	Mailing Address	Street/Courier Addres	- C. Re	

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

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:
Principal Office Address: Mailing Address:
KDM Dovelopment, LLC SAME 1603 Pebble Deach Plvd. Green Care Springs, F1. 32043
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)
The name and the Florida street address of the registered agent are:
Michael C. Taylor
11do3 Pabblebeach Blvd. Florida street address (P.O. Box NOT acceptable)
Green 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

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 (REOSIRED)

(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: Title: "MGR" = Manager "MGRM" = Managing Member WERM Kanneth B Maging Kanneth B Maging Serious St. ORANGE Park, Pt. 32005 Michael C. Taylor Idda Pabblebeach Bld. Green Care Springs, Ft. 32043 MGRM Dedrix W. Daka Koll Pabblebeach Blvd. Green Care Springs, Ft. 32043 (Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 10 04 2005. (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

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)