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(Requestor's Name) SECRETARY OF TALLAHASSEE.	FĽORIÐA
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TO:

Registration Section Division of Corporations

2005 NOV -1 P 2: 34

SUBJECT: King's Park 1, LLC

SECRETARY OF STATE TALLAHASSEE, FLORIDA

(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Calvin Babcock			
0	Name of Person)		
King's Park 1, LLC			
	Firm/Company)		
9200 S. Dadeland Blvd #	103		
	(Address)		
Miami, Florida 33156-27	03		
(City	State and Zip Co	de)	
For further information concerning this matter, please	call:		
Calvin Babcock	at (305	, 599-27	80
(Name of Person)		ode & Daytime T	elephone Number)
Enclosed is a check for the following amount: \$\Bigsim \\$125.00 \text{ Filing Fee } \Bigsim \\$130.00 \text{ Filing Fee & Certificate of Status}	\$155.00 Certified Co	Filing Fee &	✓ \$160.00 Filing Fee, Certificate of Status &
	(additional cop		Certified Copy (additional copy is enclosed)

Mailing Address

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address

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

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ARTICLES OF ORGANIZATION FOR PI	CONTOA CHIVILLED INABIENT FURGORING ANT
ARTICLE I - Name: The name of the Limited Liability Company is:	SECRETARY OF STATE TALLAHASSEE, FLORIDA
King's Park 1, LLC (Must end with the words "Limited Liability Company, "Limit	ted Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the property o	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
9200 S. Dadeland Blvd #103 Miami, Florida 33156-2703 ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Calvin Babcock Name	
9200 S. Dadeland Blvo Florida street ad	dress (P.O. Box <u>NOT</u> acceptable)
Miami,	FL 33156-2703
City, State,	and Zip
liability company at the place designated in registered agent and agree to act in this capacit statutes relating to the proper and complete p	accept service of process for the above stated limited this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

MGR	Calvin Babcock	SECRETARY OF TALLAHASSEE, FI
	9200 S. Dadeland Blvd #103 Miami, Florida 33156-2703	
	Mianii, Florida 33 196-2703	
<u> </u>		•
		
Use attachment if necessary)		
LE V: Effective date, if other than the	e date of filing: 10-28-05	(OPTIONAL)
fective date is listed, the date must h	e specific and cannot be more than	five business days pric
days after the date of filing.)		
REQUIRED SIGNATURE:		

(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.)

Calvin Babcock

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)