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(Re	questor's Name)	
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SECRETARY OF STATE



TRANSMITTAL LETTER

TO: Registration S Division of Co	ection orporations			
SUBJECT:		ER CONCOURSE, LLC.		
	(Name of Limited	d Liability Company)		
	of Organization and fee(s) are so			
Please return all corresp	pondence concerning this matte	r to the following:		
		D SCHMIDT		
	(1	Name of Person)		
		RIVER CONCOURSE, LLC.	20	N0
	(1	Firm/Company)	3 50	/isi
			H)N C
	1768	BAY DRIVE	-7	FCC
 •		(Address)		389
)RA
	POMP	ANO BEACH, FL 33062	2005 DEC - 7 PM 1: 30	OIVISION OF CORPORATIONS
		State and Zip Code)		
		-		
For further information	concerning this matter, please	call:		
		•		
FRED SCHMIDT		at (954) 559 2 (Area Code & Daytime To	771	
(Nam	e of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check f	for the following amount:			
\$125.00 Filing Fee	☐ \$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)	
Regis	EET ADDRESS: stration Section sion of Corporations	MAILING A Registration S Division of C	ection	

P.O. Box 6327

Tallahassee, Florida 32314

409 E. Gaines Street

Tallahassee, Florida 32399

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is: SEBASTIAN RIVER CONCOURSE, LLC. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:							
					Principal Office Address:	Mailing Address:	
					1768 BAY DRIVE	P.O. BOX. 128	
POMPANO BEACH, FL 33062	BOYNTON BEACH, FL 33425						
ARTICLE III - Registered Agent, Regi	stered Office, & Registered Agent's Sign	nature:					
FRED SCHMII	DT	DECR					
	Name	OF AR					
1768 BAY DRI	VE	4 000 FE					
Florida st	1768 BAY DRIVE Florida street address (P.O. Box NOT acceptable)						
POMPANO BE		ATTOX					
City,	State, and Zip	O 35					
liability company at the place designate registered agent and agree to act in this constatutes relating to the proper and compacted accept the obligations of my position and the constant accept the constant acceptance.	and to accept service of process for the above ed in this certificate, I hereby accept the apparate, I further agree to comply with the plete performance of my duties, and I am fam as registered agent as provided for in Chapte Agent's Signature	pointment as provisions of all piliar with and					

(CONTINUED)

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	KINGDOM COMMERCIAL, LLC FRED SCHMIDT 1768 BAY DRIVE POMPANO BEACH, FL 33062
MGRM	DEK PROPERTIES, LLC - DAN KRON P.O. BOX 128 BOYNTON BEACH, FL 33425
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE: Signature of a member	er or an authorized representative of a member.
(In accordance with se of this document const that the facts stated I	ction 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury herein are true.)
$\frac{FREDSCHMIDT}{T_{J}}$	ped or printed name of signee
Filing Fees:	
\$125.00 Filing Fee for Articles of Orga of Registered Agent	anization and Designation

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