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COVER LETTER

TO: Registration Section Division of Corporations The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: TONY L. SHENG
(Name of Person) KINGSLAND CO. LLC. (Firm/Company) 2303 BAYSHORE DRIVE BELLEAIR BEACH FL. 33786
(City/State and Zip Code) For further information concerning this matter, please call: TONY L. SHENG at 727 517 - 4134

(Name of Person) (Area Code & Daytume Telephone Number) Enclosed is a check for the following amount: \$160,00 Filing Fee. □ \$155.00 Filing Fee & \$125.00 Filing Fee \$\sum \$130.00 Filing Fee & Certificate of Status Certified Copy Certificate of Status &

Mailing Address

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

Street/Courier Address

(additional copy is enclosed)

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

Certified Copy

(additional copy is enclosed)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KINGSLAND CO. LLC.

tend 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:

2303 BAYSHORE DR.

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The I imited 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:

TONY L. SHENG

2303 BAYSHORE DR.

Florida street address (P.O. Box NOT acceptable)

BEUEAIR REACH FI. 33786

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 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.

(CONTINUED) Page 1 of 2

MAY L. JONES MY COMMISSION # DD 399228 EXPIRES: May 7, 2009 BONDED THRU TROY FAIN INSURANCE, INC.

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:
MGR	TONY L. SHENG 2303 RAYSHORE DR. BEILEAIR BEACH, FL. 33786

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: <u>Feb. 14, 2006</u>. (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.)

TONY L. SHENG

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)

Page 2 of 2

MABYL. JONES

MY COMMISSION # DD 399228

EXPIRES: May 7. 2009

BONDED THRU TROY FAIN INSURANCE, INC.