Division of Corporations Public Access System

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Tor

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: C T CORPORATION SYSTEM

Account Number Phone

FCA000000023 (850) 222-1092

Fax Number

(850) 878-5926

	Kyles Run Gl	PILC	
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Corporate Filing Menu

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5/23/2006

CT CORP

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	, *** . ***	
Kyles Run GP LLC		
Must and with the words "Limited Liability Co	mpany, "Limited Company" or their abbreviation "LLC," or "L.C.,")	
ARTICLE II - Address:	N. Committee of the Com	
	ss of the principal office of the Limited Liability Com	any is
The mailing address and street addre	ss of the principal office of the Limited Liability Comp Mailing Address:	any is
The mailing address and street address:		oany is
	Mailing Address:	yany is

The name and the Florida street address of the registered agent are:

C T Corporation System Name 1200 South Pine Island Road Florida street address (P.O. Box NOT acceptable) Plantation, Florida 33324 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.

C T Corporation System Registered Agent's Signature (REQUIRED)

> (CONTINUED) Page 1 of 2

PLRIZ - MONOS C T System Online

PAGE 02/03

CT CORP

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"MGR" = Manager "MGRM" = Managing Member	∯. 5		
MGR	Richard Paul Richmen		
	340 Pemberwick Road		
	Greenwich, CT 06831		
<u>μ</u>	**************************************		
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		———— F.S.	=
		AHAS	<
		SSE	23
(Use attachment if necessary)	'ı,	EF.O	AH IO:

REQUIRED SIGNATURE:

to or 90 days after the date of filing.)

Signature of a member or an authorized representative of a member.

(If an effective date is listed, the date must be specific and cannot be more than five business days prior

(In accordance with section 608,408(3), Plorida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Joanne D. Flanagan, Authorized Representative

Typed or printed name of signee

Filing Foes:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.60 Certified Copy (Optional)

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

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

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

PLACE - SASSASE CIT Bysham Calles