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(((H060001423483)))

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name I FOLEY & LARDNER Account Number : 072720000061 Phone (904) 359-2000 : (904)359-8700 Fax Number

	KFT Realty Hold	ings, LLC
2	Certificate of Status	
3		
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No. Fax Audit No. H060001423483

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: KFT REALTY HOLDINGS, LLC.

ARTICLE II - Address;

The mailing address and street address of the principal office of the Limited Liability Company are: 145 Avenue L, Delray Beach, Florida 33483.

ARTICLE III - Registered Agent, Registered Office & Registered Agent's Signature:

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

Burt Krouer. Name

145 Avenue L

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

Deiray Beach, Florida 33483

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 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 completed performance of my duties, and I am familiar with and accept the obligations of my position as registeral agent as provided for in Chapter 608, F.S.

(An additional arti edded if an effective date is requested)

> Signature of a member or an anthorized 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.)

> Burt Kroner, Authorized Representative Typed or printed name of signee

FILING FEES: \$100.00 Filing Fee for Articles of Organization 525.00 Designation of Registered Agent \$30.00 Certified Copy (OPTIONAL) 55.00 Certificate of Status (OPTIONAL)

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