

Florida Department of State

Division of Corporations
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To:

Division of Corporations Fax Number : (850)20 EFFECTIVE DATE

ber : (850)205-0383

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255 Phone : (305)634-3694 Fax Number : (305)633-9696

FLORIDA/FOREIGN LIMITED LIABILITY CO.

harbour isle I, l.l.c.

Certificate of Status		0
Certified Copy	:	1
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ARTICLES OF ORGANIZATION HARBOUR ISLE I, L.L.C.

ARTICLE I <u>Name</u>

The name of the Limited Liability Company is HARBOUR ISLE I, L.L.C.

ARTICLE II

Address

The mailing address and street address of the principal office of the Limited Liability Company is: 1630 Seaway Drive, Unit 207, Fort Pierce, FL, 34949.

ARTICLE III Duration

This period of duration for the Limited Liability Company shall be: PERPETUAL

ARTICLE IV Purpose

This Limited Liability Company is organized for the purpose of transacting any or all lawful business for which corporations may be incorporated under the Florida Limited Liability Company Act.

ARTICLE V Registered Agent

The street address of the initial registered office of the Limited Liability Company shall be LISA L GLASSMAN, P.A., 2627 NE 2031d Street, Suite 100, Aventura, Fl 33180 and the name of the initial registered agent of the Limited Liability Company at that address is Lisa I. Glassman, Esq.

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ARTICLE VI

<u>Management</u>

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

Title:

Name and Address:

"MGR" = Managor

"MGRM" = Managing Member

MGR

KGCH, LLC 1630 Seaway Drive, Unit 207 Fort Pierce, FL 34949

ARTICLE VII Effective Date

Pursuant to Florida Statute Section 608.409, the Limited Liability Company's existent shall be effective as of Aug. 15, 2006 which is within five (5) husiness days prior to the date these Articles of Organization are filed with the Department of State.

The undersigned authorized representative of a member of HARBOUR ISLE I, L.L.C., hereby executes these articles of organization on this 15th day of August, 2006.

KATHLEEN GILMARTIN

(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).

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO BE DESIGNATED A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the Limited Liability Company is HARBOUR ISLE I, L.L.C.
- 2. The name and the Florida street address of the registered agent and office are:

Lisa I. Glassman, Esq. LISA I. GLASSMAN, P.A., 2627 NE 203rd Street, Suite 100, Aventura, Fl 33180 SECRETARY OF STATE

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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.

Lisa I. Glassman

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