

## Florida Department of State

Division of Corporations  
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Account Name : ZIMMERMAN, KISER, & SUTCLIFFE, P.A.  
Account Number : I19990000006  
Phone : (407) 425-7010  
Fax Number : (407) 425-2747

8653-1  
PNM**FLORIDA/FOREIGN LIMITED LIABILITY CO.****KLJ Enterprises, LLC**

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**ARTICLES OF ORGANIZATION  
OF  
KLJ ENTERPRISES, LLC  
A Florida Limited Liability Company**

**ARTICLE I  
NAME**

The name of this limited liability company is KLJ Enterprises, LLC, referred to in these Articles of Organization as the "Company".

**ARTICLE II  
MAILING AND STREET ADDRESS**

The mailing address of the principal office of the Limited Liability Company is as follows:

1979 Longwood-Lake Mary Rd., Suite 1009  
Longwood, Florida 32750

The street address of the principal office of the Limited Liability Company is as follows:

1979 Longwood-Lake Mary Rd., Suite 1009  
Longwood, Florida 32750

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**ARTICLE III  
COMMENCEMENT OF COMPANY'S EXISTENCE**

In accordance with Section 608.409(1), Florida Statutes, the Company's existence shall commence the time and date on which these Articles of Organization are filed by the Florida Department of State.

**ARTICLE IV  
REGISTERED AGENT**

The address of the initial Registered Office and the Registered Agent at such address are as follows:

Paul N. Mascia, Esquire  
Zimmerman, Kiser & Sutcliffe, P.A.  
315 East Robinson Street, Suite 600  
Orlando, Florida 32801

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**ARTICLE V  
MANAGEMENT**

The Company shall be managed by its Member, and is therefore Member-managed.

**ARTICLE VI  
APPLICABLE LAW**

The Company is created pursuant to Chapter 608, Florida Statutes, and shall be governed by the laws of the State of Florida.

  
Kenneth L. Johnson, Member

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**ACCEPTANCE OF DESIGNATION  
OF  
REGISTERED AGENT**

Pursuant to the provisions of Section 608.415, Florida Statutes, the undersigned submits the following statement of acceptance of his designation as Registered Agent for the Company:

*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 of the Florida Statutes.*

  
Paul N. Mascia

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