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COVER LETTER

Registration Section
Division of Corporations

TO:

ava va ava KMR-B	PR Enterprises LLC			
SUBJECT: TRIVING		d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are so	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Kevin M. R				
	. : 0	Name of Person)		
KMR-BPR	Enterprises			•
•	(Firm/Company)		_
204 Eagle	Estates Drive			07
		(Address)		Ē
DeBary, F	L 32713-2264		ļ	07: MAR 29:
	(City.	/State and Zip Code)		_
			i	PH 12: 55
For further information	concerning this matter, please	call:		ຕິ
Kevin Regan		at (386) 753-092		-,
(Name	of Person)	(Area Code & Daytime To	elephone Number)	
Enclosed is a check for	or the following amount:	•		
□ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee Certificate of Status & Certified Copy (additional copy is enclosed	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center	ns	

Tallahassee, FL 32301

FILED SECRETARY OF STATE DIVISION OF CORPORATION

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KMR-BPR Enterprises LLC (Must end with the words "Limited Liability Company, "L	imited Company" or their abbreviation "LLC," or "L.C.,")		
ARTICLE II - Address:			
	e principal office of the Limited Liability Comp	any is:	
Principal Office Address:	Mailing Address:		
204 Eagle Estates Drive	204 Eagle Estates Drive		
DeBary, FL 32713-2264	DeBary, FL 32713-2264		
ARTICLE III - Registered Agent, Registe	ered Office, & Registered Agent's Signature:		
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the serve as its own R business entity with an active Florida registration.)	ered Office, & Registered Agent's Signature: Registered Agent. You must designate an individual or another the registered agent are:	' MAR	DIVISION OF
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Kevin M. Regan	Registered Agent. You must designate an individual or another	MAR 29	SECRETARY
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Kevin M. Regan	he registered agent are:	MAR 29	SECRETARY
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Kevin M. Regan Na 204 Eagle Estates Drive	he registered agent are:	MAR 29	SECRETARY
(The Limited Liability Company cannot serve as its own R business entity with an active Florida registration.) The name and the Florida street address of the Kevin M. Regan Kevin M. Regan 204 Eagle Estates Drive Florida street DeBary, FL 32713-2264	Registered Agent. You must designate an individual or another the registered agent are:	MAR 29	SECRETARY OF STATE

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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

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

"MGR" = Man "MGRM" = Ma	ager anaging Member	Name and Address:	
MGRM		Kevin M. Regan	
		204 Eagle Estates Dr.	
		DeBary, FL 32713-2264	
MGR		Brian P. Regan	
		204 Eagle Estates Dr.	
		DeBary, FL 32713-2264	
		***	07 H
			MAR 2
			— <u> </u>
(Use attachmer	nt if necessary)		
LE V: Effectiv	ve date, if other than th		DPTIONAL
LE V: Effectiv	ve date, if other than th	ne date of filing: <u>March 27, 2007</u> . (C be specific and cannot be more than five bus	S OPTIONAL
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LE V: Effectiv fective date is l days after the	ve date, if other than the listed, the date must date of filing.) SIGNATURE: Signature of a member of this document control of the state of the st	be specific and cannot be more than five bus 1	S OPTIONAL

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)