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FLORIDA/FOREIGN LIMITED LIABILITY CO.

TmcKat Properties, LLC

Certificate of Status	0
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Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

TruKat Properties, LLC

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II- Address:**

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

Mailing Address:

720 Spirit 40 Park Drive  
Chesterfield, MO 63005

720 Spirit 40 Park Drive  
Chesterfield, MO 63005

**ARTICLE III. Registered Agent, Registered Office, & Registered Agent's Signature:**

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

CT Corporation System  
Name

1200 South Pine Island Road  
Florida street address (P.O. Box NOT acceptable)

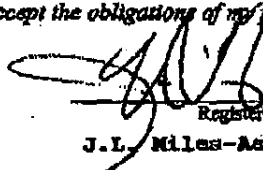
Plantation, FL 33324  
City, State, and Zip

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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.*



Registered Agent's Signature (REQUIRED)

J.L. Miles-Assst. Secy.

(CONTINUED)

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**ARTICLE IV- Manager(s) or Managing Member(s):**  
 The name and address of each Manager or Managing Member is as follows:


<b>Title:</b> "MGR" -Manager "MGRM" -Managing Member	<b>Name and Address:</b>
MGRM	Jerry Meyer 720 Spirit 40 Park Drive Chesterfield, MO 63005
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____
_____	_____

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(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)**  
 (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

  
 \_\_\_\_\_  
 Signature of a member or an authorized representative of a member.  
 (In accordance with section 608.408(5), Florida Statutes, the execution of this document constitutes an admission under the penalties of perjury that the facts stated herein are true.)  
**JERRY MEYER**  
 \_\_\_\_\_  
 Typed or printed name of signee

03277

04/03/2007 TDS 03:38 ITX/RX NO 52811 @002