

W07000045893

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

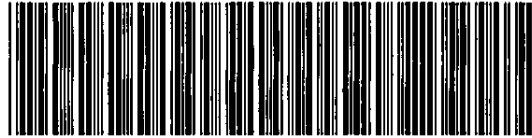
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

W07-45893
AL

TO: Registration Section
Division of Corporations

SUBJECT: K + S Campus Properties, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to the following:

Tod R. Smith
Kohl & Smith
150 Warren Circle

Jacksonville, Florida 32259

For further information concerning this matter, please call:

Tod R. Smith at (904) 230-3200

Enclosed is a check for the following amount: \$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 ADDRESS:

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA
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**ARTICLES OF ORGANIZATION
OF
K + S CAMPUS PROPERTIES, LLC**

ARTICLE I - NAME

The name of the limited liability company is K + S Campus Properties, LLC.

ARTICLE II - ADDRESS

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

Principal Office Address:

357 Lolly Lane
Jacksonville, Florida 32259

Mailing Address:

357 Lolly Lane
Jacksonville, Florida 32259

**ARTICLE III - REGISTERED AGENT,
REGISTERED OFFICE, & REGISTERED AGENT'S SIGNATURE**

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

Tod R. Smith
Kohl & Smith
150 Warren Circle
Jacksonville, Florida 32259

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..



Tod R. Smith

ARTICLE IV - MANAGERS OR MANAGING MEMBERS

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

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Title:

"MGR" = Manager

"MGMR" = Managing Member

Name and Address:

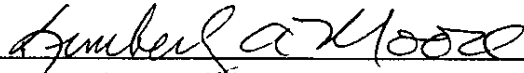
MGMR

Kimberly A. Moore
357 Lolly Lane
Jacksonville, Florida 32259

MGMR

Steven A. Moore
357 Lolly Lane
Jacksonville, Florida 32259

REQUIRED SIGNATURE:



Signature of a member or an authorized 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.)

Kimberly A. Moore

Typed or printed name of signee

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