

LD 70000 90705

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

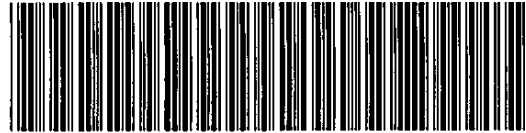
(Business Entity Name)

(Document Number)

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07 SEP -5 PM 2:52
REGISTRATION DIVISION
TALLAHASSEE, FLORIDA

FILED
07 SEP -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 213812 4365401

AUTHORIZATION: *Amanda Roath*

COST LIMIT : \$ 125.00

FILED
07 SEP -5 PM 4:16
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : September 5, 2007

ORDER TIME : 2:05 PM

ORDER NO. : 213812-005

CUSTOMER NO: 4365401

DOMESTIC FILING

NAME: MPKA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: _____

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

FILED
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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

MPKA, LLC

ARTICLE II - Address:

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

Principal Office Address:

330 A1A North

Suite 322

Ponte Vedra Beach, Florida 32082

Mailing Address:

330 A1A North

Suite 322

Ponte Vedra Beach, Florida 32082

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:


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

Corporation Service Company
Name

1201 Hays Street
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FLORIDA 32301
City, State, and Zip

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, Florida Statutes..



Registered Agent's Signature
Amanda Roath
As its agent

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Kahn Family LLC

917 South 1st Street, #1101

Jacksonville Beach, Florida 32250

MGRM

Philip J. Walsh III

4302 Colony West Drive

Richmond, Texas 77469

MGRM

William Albers

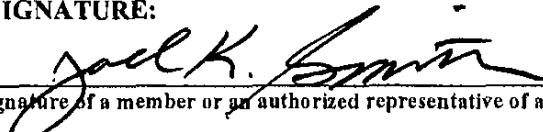
3808 Maplewood Avenue

Dallas, Texas 75205

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

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.)

Joel K. Smith, Authorized Representative

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)