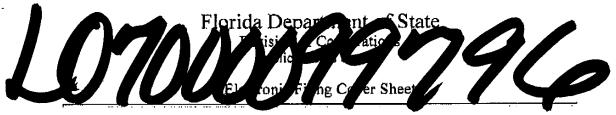
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To:

Division of Corporations

: (850)617-6383

From:

Account Name : HARPER, KYNES, GELLER & BUFORD

Account Number : 070651000745 : (727)799-4840 Phone

Fax Number : (727)797-8206

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Kings Row Plaza, LLC

Certificate of Status	0
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Page Count	02
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Help

H07000243254 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is: Kings Row Plaza, LLC

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is: 724 Bayway Blvd., #2B, Clearwater, FL 33767.

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

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

William Saunders 724 Bayway Blvd., #2B Clearwater, FL 33767

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.

William Saunders, Registered Agent

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is Therefore, a manager - managed company.

ARTICLE V - MANAGER(S) OR MANAGING MEMBER(S)

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

Title:

Name and Address:

Manager

William Saunders 724 Bayway Blvd., #2B

Clearwater, FL 33767

Manager

Shirley Saunders 724 Bayway Blvd., #2B

Clearwater, FL 33767

Manager

Jillian Pearen

724 Bayway Blvd., #2B Clearwater, FL 33767

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H07000243254 3

William Saunders, Manager

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.

William Saunders
Typed or printed name of signee

O7 OCT -1 AM 8:25
SECRETARY OF STATE
TALLAHASSEE, FLORIE