

Division of Corporations Public Access System

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**7/08

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Franklin, Hart & Reid - KZF Joint Venture, LLC

Certificate of Status	0
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Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

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PAGE 01/04

CT CORP

ARTICLES OF OF	RGANIZATION FOR F	LORIDA LIMITED LIABILITY COMP	ANY
ARTICLE I - Nam The name of the Lin	ne: mited Liability Company is		
Franklin, Har	t & Reid - KZF Joint	Venture, LLC	
ARTICLE II - Ad	•		
		principal office of the Limited Liability Compo	any is:
Principal Office A	ddress:	Mailing Address:	
1358 E. Vine Kissimmee, Fl	Street orida 34744	2101 Park Center Drive Suite 290 Orlando, Florida 32835	
(The Limited Liability Co	egistered Agent, Registere impany cannol serve as its own Reg etive Florida registration.)	ed Office, & Registered Agent's Signature istered Agent. You must designate an individual or another	
The name and the I	Florida street address of the	registered agent are:	
	C T Corpora		
	Nam		
	1200 South Pir		
	Florida street se	ddress (P.O. Box NOT acceptable)	
	Plantation City, State		
liability compai registered agent ai statutes relating :	ity at the place designated in nd agree to act in this capac to the proper and complete p gations of my position as reg	n accept service of process for the above stated to this certificate, I hereby accept the appointmentity. I further agree to comply with the provision performance of my duties, and I am fumiliar with instered agent as provided for in Chapter 608, Fration System.	it as is of all h and
	COMPLANTA RUNGI	N. CLAST.	

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₽\$6E 03/04

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

.

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mem	aber
MGRM	Gregory Rhoads
	2101 Park Center Drive, Suite 290 Orlando, Florida 32835
MGRM	Thomas Franklin
	1368 E. Vine Street Kissimmee, Florida 34744
MGR	Joseph Morgan
	2101 Park Center Drive, Suite 290 Orlando, Florida 32835
MGR	David Reid
	1368 E. Vine Street
	Kissimmee, Florida 34744
(Use attachment if necessary	y)
LEV: Effective date, if other	er than the date of filing: (OPTIO
fective date is listed, the date days after the date of filing	te must be specific and cannot be more than five business
	<i>?)</i>
and a triest tries date as sound	
· .	£:
REQUIRED SIGNATURE	The State

Typed or printed name of signee

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

* FL052 - 06/28/3907 C *F Symmic Cinhae

Filing Fees:

\$ 30.00 Certified Copy (Optional)
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Robert B. Steele

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