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Florida Department of State  
Division of Corporations  
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To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : GERALD WEINBERG, P.C.  
Account Number : I20030000043  
Phone : (800) 342-9856  
Fax Number : (800) 354-3381

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KENT SOUTH, LLC

Certificate of Status	0
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EXAMINER

Oct. 23, 2008 2:24PM

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FILE No. 4501 P. 2 STATE



October 22, 2008

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

GERALD WEINBERG

SUBJECT: KENT SOUTH, LLC  
REF: W08000048420

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refile the complete document, including the electronic filing cover sheet.

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline  
Regulatory Specialist II

FAX Aud. #: H08000240555  
Letter Number: 808A00054602

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P.O. BOX 6327 - Tallahassee, Florida 32314

(H080002405553)

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KENT SOUTH, LLC

## ARTICLE II - Address:

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

Principal Office Address:Mailing Address:12537 N.W. 56<sup>th</sup> Drive12537 N.W. 56<sup>th</sup> DriveCoral Springs, FL 33076Coral Springs, FL 33076

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

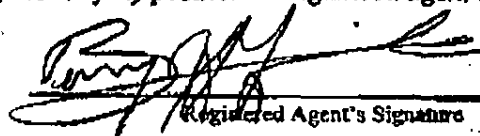
The name and the Florida street address of the registered agent are:

K  
Barry Levine  
Name12537 N.W. 56<sup>th</sup> Drive  
Florida street address (P.O. Box NOT acceptable)Coral Springs, FL 33076  
City, State and ZipSECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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

(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:

**Title:**

"MGR" = Manager

"MGR.M" = Managing Member

**Name and Address:**

MGR

BARRY K. LEVINE

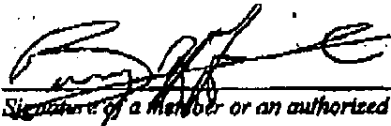
12537 N.W. 56th Drive  
Coral Springs, FL 33076

(Use attachment is 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(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.*

BARRY K. LEVINE

*Typed or printed name of signer*

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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