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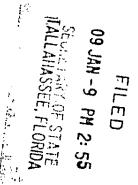
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EXAMINER



ACCOUNT NO. : 072100000032
REFERENCE: 850729 7685892
AUTHORIZATION :
COST LIMIT: \$ 125.00
ORDER DATE: January 7, 2009
ORDER TIME : 1:12 PM
ORDER NO. : 850729-001
CUSTOMER NO: 7685892
DOMESTIC FILING
NAME: KEARNS CAPITAL GROUP, LLC
EFFECTIVE DATE:
ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED PARTNERSHIP XX ARTICLES OF ORGANIZATION
PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:
CERTIFIED COPY XX PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT PERSON: Joyce Markley - EXT. 2930
EXAMINER'S INITIALS:

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPAÑY

ARTICLE I - Name: The name of the Limited Liability Company is: KEARNS CAPITAL GROUP, LLC **ARTICLE II - Address:**

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

The mailing address and street address of the principal office of the Limited Liability Con

MA 9 74 2

Principal Office Address:	Mailing Address:	· .
3800 Galt Ocean Drive	same	
Suite 906		
Ft. Lauderdale, FL 33308		

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Se	ervice Company
	Name
1201 Hays Str	eet
Flor	ida street address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	_{FL} 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, F.S..

Joyce L. Markley Corporation Service Company as its agent

> (CONTINUED) Page 1 of 2

"MGR" = Man "MGRM" = M	ager anaging Member	Name and Address:
MGRM		Zacnary A. Kearns
		3800 Galt Ocean Drive, Suite 906
		Ft. Lauderdale, FL 33308
•	• •	e date of filing: (OPTION
LE V: Effective date is leading after the	e date, if other than the isted, the date must b date of filing.)	date of filing: (OPTION e specific and cannot be more than five business d
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LE V: Effective date is leading after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: /s/ Z Signature of a member of this document const	Lachary Kearns er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury
LE V: Effective date is leading after the	e date, if other than the isted, the date must be date of filing.) IGNATURE: /s/ Z Signature of a member of this document const that the facts stated is	Lachary Kearns er or an authorized representative of a member. ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury herein are true.)