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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 : CARLTON FIELDS  
Account Number : 076077000355  
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Fax Number : (813) 229-4133

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\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: lharris@carltonfields.com

FLORIDA LIMITED LIABILITY CO.  
KINGS HIGHWAY ACQUISITION, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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JUN 22 2010  
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## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: KINGS HIGHWAY ACQUISITION, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

LYNDA J. HARRIS, ESQ.

Name of Person

CARLTON FIELDS

Firm/Company

525 OKEECHOBEE BLVD, SUITE 1200

Address

WEST PALM BEACH, FLORIDA 33401

City/State and Zip Code

lharris@carltonfields.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

LYNDA J. HARRIS

Name of Person

at ( 561 ) 659-7070

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    
 ☐ \$130.00 Filing Fee & Certificate of Status    
 ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)    
 ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street/Courier Address  
Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

KINGS HIGHWAY ACQUISITION, LLC

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

**ARTICLE II - Address:**

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

**Principal Office Address:**3415 Community Drive  
Jupiter, Florida 33458**Mailing Address:**3415 Community Drive  
Jupiter, Florida 33458**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:

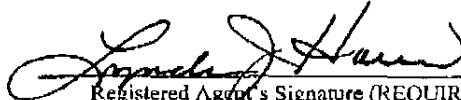
CFRA, LLC

Name

Corporate Center Three at International Plaza  
4221 W Bay Scout Boulevard, 10th FloorFlorida street address (P.O. Box NOT acceptable)TampaFL 33607-5736

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.*



Registered Agent's Signature (REQUIRED)

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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

"MGRM" = Managing Member

**Name and Address:**

Manager

NANCY L. MONTANTE

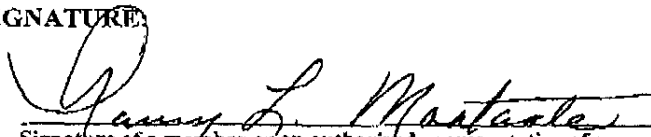
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(Use attachment if necessary)

**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.)

NANCY L. MONTANTE

Typed or printed name of signer

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation  
 of Registered Agent  
 \$ 30.00 Certified Copy (Optional)  
 \$ 5.00 Certificate of Status (Optional)

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