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FLORIDA LIMITED LIABILITY CO.  
KH Tres Belle II LLC

Certificate of Status	1
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EXAMINER

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**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

*The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, pursuant to the Florida Limited Liability Company Act (the "Act"), hereby adopts the following Articles of Organization:*

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **KH Tres Belle II LLC** (the "Company").

**ARTICLE II - Address:**

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

701 S. Olive Avenue  
Suite 104  
West Palm Beach, Florida 33401

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

*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, Corporation Service Company hereby accepts the appointment as registered agent and agrees to act in this capacity. Corporation Service Company further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and Corporation Service Company is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 608, F.S*

CORPORATION SERVICE COMPANY

BY: Doreen Wallace  
Name: Doreen Wallace  
Title: Assistant Vice President

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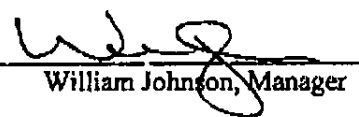
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**ARTICLE IV - Management:**

The name and address of each Manager are as follows:

<u>Title</u>	<u>Name and Address</u>
Manager	William Johnson 701 South Olive Avenue, Suite 104 West Palm Beach, Florida 33401
Manager	Howard Erbstein 701 South Olive Avenue, Suite 104 West Palm Beach, Florida 33401
Manager	Robert Julien 701 South Olive Avenue, Suite 104 West Palm Beach, Florida 33401

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
William Johnson, 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.)*

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