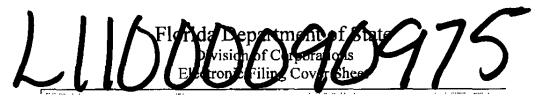
Division of Corporations

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : GUNSTER, YOAKLEY & STEWART, P.A.

Account Number: 076117000420 Phone

: (561)650~0728

Fax Number

: (561)671-2527

LLC DISSOLUTION OR WITHDRAWAL KH MED CREEK LLC

Certificate of Status	0
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Page Count	02
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ARTICLES OF DISSOLUTION FOR A FLORIDA LIMITED LIABILITY COMPANY

KH MED CREEK LLC

Pursuant to Sections 605.0701 and 605.0707 of the Florida Revised Limited Liability Company Act (the "Act"), the undersigned hereby submits these Articles of Dissolution to the Florida Department of State:

- 1. The name of the limited liability company is KH MED CREEK LLC (the "Company").
- 2. The Articles of Organization were filed with the Florida Department of State on August 8, 2011 and assigned Document Number L11000090975.
- 3. Pursuant to Section 605.0701 of the Act, dissolution was authorized by Written Consent of the Sole Member of the Company, dated as of April 25, 2016.
- 4. All debts, obligations and liabilities of the Company have been paid or discharged.
- 5. All property and assets of the Company have been distributed to the sole member of the Company.

6. There are no suits pending agai	nst the Company in any court.	$\Xi_{\mathcal{Q}}$	2013
IN WITNESS WHEREOF, the Dissolution as of the 25 th day of April, 2016.	undersigned hereby executes	CARTHESE TO	Atticles of
	MANAGER:	FLOR	> O
	THE KOLTER GROU	PLLC	.
	/s/ William Johns	son	
	By:		
	Name: William Johnson		
	Title: Manager		

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NOTICE OF DISSOLUTION FOR FLORIDA LIMITED LIABILITY COMPANY

This Notice of Limited Liability Company Dissolution is submitted by the dissolving limited liability company named below for resolution of payment of unknown claims against this limited liability company as provided in Section 605.0712, Florida Statutes.

Name of Limited Liability Limited Partnership: KH MED CREEK LLC.

Document Number of Limited Liability Limited Partnership: L11000090975.

Date of Dissolution: The date the Articles of Dissolution are filed with the Department of State.

Description of Information that must be included in a written claim: The information that must be included in a claim submitted pursuant to this Notice shall be as follows:

- (a) Name, address and telephone number of claimant.
- (b) Amount of claim, including, if applicable, principal, interest, penalties or other fees or charges.
- (c) A statement of the basis for the claim.
- (d) A copy of any and all writings evidencing the claim or upon which the claim is based.
- (e) A statement of whether or not the claimant has other claims against the company or its managers, officers, agents or representatives, in their capacities as such, and, if the claimant states that the claimant has other claims, a statement of whether or not such other claims are being submitted pursuant to this Notice, or if such other claims will not be so submitted, a statement as to the reason why.

Mailing address where claims can be sent: A claim submitted pursuant to this Notice shall be mailed by certified or registered mail, return receipt requested, postage prepaid, to the following party: The Kolter Group LLC, 701 South Olive Avenue, Suite 104, West Palm Beach, Florida 33401, Attention: Kevin Voller.

A claim against KH MED CREEK LLC will be barred unless a proceeding to enforce the claim is commenced within 4 years after the filing of this notice.

MANAGER:

THE KOLTER GROUP LLC

	/s/ William Johnson	
By:		
Name:	William Johnson	
Title:	Manager	