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Account Number : I20090000020

Phone

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FLORIDA LIMITED LIABILITY CO. KIRBY FAMILY HOLDINGS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

J. SAULSBERRY EXAMINER

MAR 29 2012

:Audit# (((H12000081311 3)))

ARTICLES OF ORGANIZATION

KIRBY FAMILY HOLDINGS, LLC a Florida limited liability company

ARTICLE I NAME

The business and affairs of the Limited Liability Company shall be conducted under the name of:

KIRBY FAMILY HOLDINGS, LLC

ARTICLE II PRINCIPAL OFFICE

The street address and mailing address of the principal place of business of the Limited Liability Company shall be:

7083 Saddle Creek Lane Sarasota, FL 34241-9791

ARTICLE III INITIAL REGISTERED AGENT/OFFICE

The registered office of the Limited Liability Company and its initial registered agent shall be:

Simon D. Kirby 7083 Saddle Creek Lane Sarasota, FL 34241-9791

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ARTICLE IV MANAGEMENT AND POWERS

The business and affairs of the Limited Liability Company shall be managed by one or more Managers elected as provided in the Regulations or Operating Agreement of the Limited Liability Company.

IN WITNESS WHEREOF, these Articles of Organization have been executed as of the 28 th day of march, 2012.

SIMON D KIRBY

"Authorized Representative"

2012 MAR 28 AM 8+ 24

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<u>CERTIFICATE OF DESIGNATION OF</u> REGISTERED AGENT/REGISTERED OFFICE

Pursuant to the provisions of Section 608.415 of the Florida Statutes, the undersigned Limited Liability Company submits the following statement to designate a registered office and registered agent in the State of Florida.

1. The name of the Limited Liability Company is:

KIRBY FAMILY HOLDINGS, LLC

2. The name and the Florida street address of the registered agent is:

Simon D. Kirby 7083 Saddle Creek Lane Sarasota, FL 34241-9791

Having been named 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent

SIMON D KIDE

"REGISTERED AGENT"

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SECRETARY OF STATE OF LICENTAL

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