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Florida Department of State

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : SHUMAKER, LOOP & KENDRICK LLP

Account Number : 075500004387 Phone : (813)229-7600 Fax Number : (813)229-1660

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

Email Address: gilkerr@aol.com

FLORIDA LIMITED LIABILITY CO. GKPS LLC

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ARTICLES OF ORGANIZATION OF GKPS LLC

ARTICLE I - Name:

The name of the Limited Liability Company is GKPS LLC

ARTICLE II - Address:

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

104 Troon Point Lane Ponte Vedra, Florida 32082

ARTICLE III - Management:

The Limited Liability Company is to be managed by one or more managers. The initial managers shall be Gilbert A. Kerr and Paul G. Shorthose,

IN WITNESS WHEREOF, I have signed these Articles of Organization as an authorized representative of a member and acknowledged them to be my act this 46 day of March 2013.

Signature of a member or an authorized representative of a member.

Gulbert Korr

(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.)

Gilbert A. Kerr

Typed or printed name of signee

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415, 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 **GKPS LLC**.
- 2. The name and the Florida street address of the registered agent are:

J. Todd Timmerman 101 East Kennedy Boulevard Suite 2800 Tampa, Florida 3360

Having been named as registered agent and to accept service of process for the above state 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.

ea

Signature

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