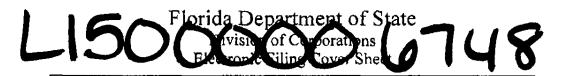
Division of Corporations

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Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : AGENTS AND CORPORATIONS, INC.

Account Number : I20010000112 Phone : (302)575-0875 Fax Number : (302)575-1642

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

Email Address:

RECEIVED

5 JAN 13 AM 10: 00

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BUSEAU OF COMMERCIAL
INFORMATION SERVICES

FLORIDA LIMITED LIABILITY CO. KPARK GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

JAN 1 A 2015 I. HARRIS

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-Name:

Thenamoof thet.imitedLizbility Company is:

KPARK GROUP LLC

(Must endwith thewords "LimitedLiability Company,"L.L.C.,"or"LLC.")

ARTICLE II -Address:

Themailing address andstreet address of the principal office of the Limited Liability Company is:

Principal Office Address: 2637 E ATLANTIC BLVD SUITE 115 POMPANO BEACH, FL 33062 MailingAddress: 2637 E ATLANTIC BLVD SUITE 115 POMPANO BEACH, FL 33062

ARTICLE III-Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot servess its own Registered Agent. You must designate an individual or another businessentity with an active Floridar egistration.)

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

AGENTS AND CORPORATIONS, INC.

300 FIFTH AVENUE SOUTH SUITE 101-330

Florida street address (P.O. Box NOTacceptable)

NAPLES, FL

34012

City

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 605, F.S..

Agents and Corporations, Inc

Registered Agent's Signature (Required)

John L. Williams, President

(CONTINUED)

Page 1 of 2

2015 JAN 13 AM 8: 30
SECRETARY OF STATE
TALLAHASSEE ELOGIE

ARTICLE IV-

The name and address of each person authorized tomanage and control the Limited Liability Company:

Title:

Name and Address:

"AMBR"= AuthorizedMember "MGR"= Manager

AMBR

KEVIN PARK 2637 E ATLANTIC BLVD SUITE 115 POMPANO BEACH, FL 33062-4939

(Use attachment if necessary)

ARTICLE V: Effectivedate, if other than the date of filing:

(OPTIONAL)

(If an effective date is listed, the date must be specificand cannot be more than five business days prior to or 90 days after the date of filing.)

ARTICLE VI:Otherprovisions, if any.

REQUIREDSIGNATURE:

Signature of amember or an authorized representative of amember.

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation underthepenalties of perjury that thefacts statedherein are true. Iam aware that any false information submittedin a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Kenin Park

KEVIN PARK
Typed or printed name of signee

FilingFees:

\$125.00 Filing Fee for Articles of Organization and Designationof Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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SECRETARY OF STATE TALLAHASSEE, FLORING