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.

(((H15000218352 3)))



H150002183523ABC.

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SHUTTS & BOWEN LLP (ORLANDO)

Account Number: I20030000004

: (407)835-6769

Fax Number

: (407)843-4076

nter the email address for this business entity to be used address please.*** *Enter the email address for this business entity to be used for future ट्र

Email Address:

corpmail@shutts.com

FLORIDA LIMITED LIABILITY CO. FBI KROWN, LLC

121210111,110	
Certificate of Status	1
Certified Copy	1
Page Count	02
Estimated Charge	\$160.00

SEP 1 1 2015

S. GILBERT

Electronic Filing Menu Corporate Filing Menu

Help

(((H150002183523)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is:

FBI KROWN, LLC

ARTICLE II - Street Address

The street address of the principal office of the Limited Liability Company is as follows:

201 Alhambra Circle Suite 514 Coral Gables, Florida 33134

ARTICLE III - Mailing Address

The mailing address of the principal office of the Limited Liability Company is as follows:

201 Alhambra Circle Suite 514 Coral Gables, Florida 33134

ARTICLE IV - Management

The Company shall be managed by one or more managers, and is thus a manager-managed limited liability company. The initial manager of the Company shall be M. Ronald Krongold.

ARTICLE V - Registered Agent and Office and Registered Agent's Signature

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

M. Ronald Krongold 201 Alhambra Circle Suite 514 Coral Gables, Florida 33134

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, Florida Statutes.

(Registered Agent's Signature)

M. Ronald Krongold

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

M. Ronald Krongold, Authorized Representative

(In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, Florida Statutes)