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NAME:

KINGS BOWL OF SUNRISE, LLC

TYPE OF FILING: ARTICLES

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COVER LETTER

TO:	Registration Section Division of Corporations	. •	
SUBJ	ECT: Kings Bowl of Sunrise, LLC Name of Lin	nited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this m	natter to the following:	
	Paul Clifton-Walte	Name of Person	
	Burns & Levinson LLP	Firm/Company	
	125 Summer Street	Addross	- The second sec
	Boston, MA 02110	City/State and Zip Code	
	E-mail address: (to be use	nwalte@burnslev.com d for fluure annual report notificati	ion)
For fur	ther information concerning this matter, plea	ase call:	
<u>Paul (</u>	Cliffon-Waite at (at (617) 345-3208 Area Code Daytime Tele	phone Number
	ed is a check for the following amount: 0 Filing Fee \$130.00 Filing Fee & Certificate of Status	Sas 155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Cortified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Addre Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, PL 32301	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kings Bowl of S	Sunrise, LLC ted Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	de bleening company, and con a 2200 y
The mailing address and street address of the principa	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
800 Boylston Streat - Suite 1400 Boston, MA 02199	800 Boylston Street - Suite 1400 Boston, MA 02199
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its or another business entity with an active Plorida registra	wn Registered Agent, You must designate an individual or
The name and the Ptorida street address of the register	red agent are:
NRAI Services, Inc.	me
1200 South Pine Island Ro Florida street address (P.O. I	BOX NOT acceptable)
Plantation	FL 33324
City	Zip
the place designated in this certificate, I hereby ac- capacity. I further agree to comply with the provisio of my duties, and I am familiar with and accept the	service of process for the above stated limited liability company at cept the appointment as registered agent and agree to act in this was of all statutes relating to the proper and complete performance obligations of my position as registered agent as provided for in apter 605, P.S.
Registered Agent's Sig	Deligol Assistan Secretary Benaturo (REQUIRED) Deligol, Assistan Secretary NUED)
(CONTI	NUED)

Page 1 of 2

15 CEP 20 PM 12: 51.

<u>Citie:</u>	- Name and Address:
AMBR" = Authorized Member	
MGR" = Manager	,
MGR	Patrick T, Lyons
•	800 Boylston Street - Suite 1400
	Boston, MA 02199
MGR	Edward J. Sparks
	800 Boylston Street - Sulte 1400
	Boston, MA 02199
MGR	LLC Management Company, Inc.
	55 Cambridge Parkway #200
	Cambridge, MA 02142
V: Effective date, if other than the d tive date is listed, the date must be	iate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
V: Effective date, if other than the date date is listed, the date must be filling.)	iate of filing: (OPTIONAL) specific and cannot be more than five business days prior to or
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V: Effective date, if other than the date date is listed, the date must be filing.) VI: Other provisions, if any. EEOUIRED SIGNATURE: Signature of n (In accordance with section	member or an authorized representative of a member.
V: Effective date, if other than the date date is listed, the date must be filing.) VI: Other provisions, if any. EQUIRED SIGNATURE: Signature of a (In accordance with section constitutes an affirmation u	member or an authorized representative of a member. 605.0203-(1) (b), Plorida Statutes, the execution of this document nder the populities of perjury that the facts stated herein are true.
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