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SECRETARY OF STATE

COVER LETTER

Division of Corporations
SUBJECT: Retail Property Investors LW Name of Limited Liability Company
The enclosed Articles of Organization and fee(s) are submitted for filing.
Please return all correspondence concerning this matter to the following:
JEIWIN
Name of Person
Retail Property Investors Firm/Company
Firm/Company
2828 Remington Green Circle gartel
Perry Erwin 5906 - Com
E-mail ddress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person at (850) 333-0368 Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\text{Certificate of Status}\$
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLI	- I E	Na	me:
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The name of the Limited Liability Company is:

Ketai Property Investors, hhc
(Must end with the words "Linguised Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:	Mailing Address:
2878 Remington Green Circle	3838 Remington breen Circle
add Hill will Col Cold	acconditional and recording
Suite	sute!
Tallahashee, 71. 32308	lailahassee th 32308
ARTICLE III - Registered Agent, Registered Office, & Registere	ed Agent's Signature:
(The Limited Liability Company cannot serve as its own Registered A	Agent. You must designate an individual or
	<u> </u>

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

another business entity with an active Florida registration.)

2828 Reming ton Green Circle Suite

Florida street address (P.O. Box NOT acceptable)

Glarise 76, 32308

State

 Z_{ip}

Having been named us 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..

City

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

17 MAR 24 PM 2: 1.0

SECRETARY OF STATE

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
MGR	JErwin 2828, Reminston Green Cinte Scripe Talkahassee, FL. 32308
(Use attachment if necessary)	
ffective date is listed, the date must be spece of filing.) If the date inserted in this block does not moument's effective date on the Department of	cific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not
te of filing.)	cific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not
effective date is listed, the date must be specie of filing.) If the date inserted in this block does not mean cument's effective date on the Department of CLE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a mean of this document is executed I am aware that any false	cific and cannot be more than five business days prior to or 90 cet the applicable statutory filing requirements, this date will not

ARTICLE IV-