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.

(((H19000218176 3)))



H190002181763ABC2

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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number: FCA000000023 Phone : (614)280-3338 Fax Number : (954)208-0845

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

Address:	
	\ddress:

FLORIDA LIMITED LIABILITY CO.

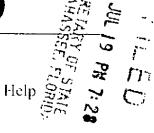
Kaw River Operator, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

FILE SEC

Electronic Filing Menu

Corporate Filing Menu



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ARTICLES OF ORGANIZATION FOR FLORI	IDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	•
The name of the Limited Liability Company is:	
. Kaw River Operator, LLC	
(Must contain the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	•
The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2907 W. Bay to Bay Blvd.	2907 W. Bay to Bay Blvd.
Ste. 303	Ste. 303
Tampa, FL 33629	Tampa, FL 33629
ARTICLE III - Registered Agent, Registered Office, & Reg (The Limited Liability Company cannot serve as its own Regist another business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent	are:
C T Corporation System	
Name	e
: 1200 South Pine Island Ro	ad

Name

1200 South Pine Island Road

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

Plantation Florida 33324

City State 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..

By: C T Corporation System

Michael Scraphin Asst. Secretary

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager MGR	Coronado Operator, LLC
MOK	2907 W. Bay to Bay Blvd., Ste. 303
	Tampa, FL 33629
	
	of filing: (OPTIONAL)
LEV: Effective date, if other than the date of fective date is listed, the date must be speed of filing.)	cific and cannot be more than five business days prior to or 90 e eet the applicable statutory filing requirements, this date will not
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not more than the Department of the VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be spece of filing.) If the date inserted in this block does not more nument's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE:	eet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be species of filing.) If the date inserted in this block does not measurement's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a measure that any false	eet the applicable statutory filing requirements, this date will not of State's records.
LE V: Effective date, if other than the date of fective date is listed, the date must be species of filing.) If the date inserted in this block does not measurement's effective date on the Department of LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a measure that any false	eet the applicable statutory filing requirements, this date will not if State's records. Meet or an authorized representative of a member. Ed in accordance with section 605.0203 (1) (b), Florida Statutes. Information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.

\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

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