

*Tom*  
**L20000068070**

Florida Department of State  
 Division of Corporations  
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**FLORIDA LIMITED LIABILITY CO.  
 KT Sarasota Quay GP LLC**

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2020 MAR 11 PM 3:56  
ARTICLES OF ORGANIZATION

OF  
TALLAHASSEE  
KT SARASOTA QUAY GP LLC

*The undersigned, for the purpose of forming a limited liability company under the laws of the State of Florida, pursuant to the Florida Revised Limited Liability Company Act (the "Act"), hereby adopts the following Articles of Organization:*

**ARTICLE I**

**NAME**

The name of the limited liability company is: KT SARASOTA QUAY GP LLC (the "Company").

**ARTICLE II**

**ADDRESS**

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

701 S. Olive Avenue  
Suite 104  
West Palm Beach, Florida 33401

**ARTICLE III**

**REGISTERED AGENT, REGISTERED OFFICE, AND REGISTERED AGENT  
ACCEPTANCE**

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

Corporation Service Company  
1201 Hays Street  
Tallahassee, Florida 32301

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*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, Corporation Service Company hereby accepts the appointment as registered agent and agrees to act in this capacity. Corporation Service Company further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and Corporation Service Company is familiar with and accepts the obligations of its position as registered agent as provided for in Chapter 605, F.S*

CORPORATION SERVICE COMPANY

/s/ Emily Croft  
By: \_\_\_\_\_  
Emily Croft, Asst. Vice President

**ARTICLE IV**

**MANAGEMENT**

The Company shall be manager-managed in accordance with its operating agreement. The name and address of the initial manager is as follows:

The Kolter Group LLC  
701 South Olive Avenue, Suite 104  
West Palm Beach, Florida 33401

IN WITNESS WHEREOF, the undersigned has executed these Articles as of March 4, 2020.

/s/ William Johnson  
\_\_\_\_\_  
William Johnson, Authorized Person

*(In accordance with Section 605.0205(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)*