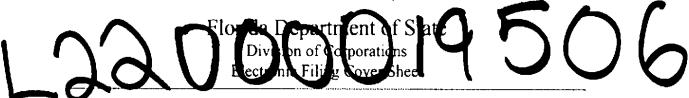
Division of Corporations



(shown below) on the top and bottom of all pages of the document.

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To:

Division of Corporations

Fax Number : (850)617-6381

from:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940

Fax Number : (516)935-3088

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

Email Address:____TEERIEM@AOL.COM

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FLORIDA LIMITED LIABILITY CO. KARS & KANINES LLC

Certificate of Status	ı
Certified Copy	0
Page Count	03
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ARTICLES OF ORGANIZATION FOR FLORIDALIMITED LIABILITY COMPANY

ARTICLE ! - Name:

The name of the Limited Liability Company is:

KARS & KANINES LLC

(Must end with the words "Limited 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:

3104 SE 35TH AVE

OKEECHOBEE, FL 34974

3104 SE 35TH AVE

OKEECHOBEE, FL 34974

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

TERRIE L. BIRKETT

Name

3104 SE 35TH AVE

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

OKEECHOBEE

ar 34974

City

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

CNapter 605, 17.S..

Regist ved Agent's Signature (REQUIRED TERRIE L. BIRKETT

(CONTINUED)

Page 1 of 2

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Title:	Name and Address:		
"AMBR" = Authorized Member			
"MGR" = Manager AMBR	TERRIE L. BIRKETT		
	3104 SE 35TH AVE		
	OKEECHOBEE, FL 34974		

(Use attachment if necessary)			
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