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NAME: KCH JACKSONVILLE BEACH, LLC

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COVER LETTER

	ew Filing Sec vision of Cor					
CHD IECT.		sonville Beach, LLO	-			
SUBJECT	Name of Limited Liability Company					
The enclose	ed Articles of	Organization and fo	ee(s) are sub	omitted	for filing.	
Please retur	n all correspo	ondence concerning	this matter	to the fe	ollowing:	
	Peter Mistre	tta				
			N	ame of	Person	
			F	irm/Cor	npany	
	14 Grey Hol	low Road				
				Addre	ss	
	Norwalk, CT	Г 06850				
			City/S	State and	Zip Code	 -
1	oeter@knight					
	ŀ	E-mail address: (to l	oe used for i	future ar	mual report notificat	ion)
For further in	dormation co	ncerning this matter	, please call	l:		
	Peter Mistret	ta	(203) _at (273-1209	
-	Nam	e of Person			Daytime Telephon	ne Number
Enclosed is	a check for the	ne following amoun	ıt:			
□\$125.00	Filing Fee	■\$130.00 Filing Certificate of Sta	itus	Certifie	.00 Filing Fee & d Copy I copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed

Mailing Address

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street Address

New Filing Section Division The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KCH Jacksonville Beach, LLC

(Must contain 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:

3968 S 3rd St.	3968 S 3rd St.	
Jacksonville Beach, FL 32250	Jacksonville Beach, FL 32250	

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:

TRAC - The Regist	ered Agent Company	<u></u>
	Name	
236 E. 6th Avenue		
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Tallahassee	FL.	32303
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..

Peter Mistretta

SUF 253FFF 50 285
Registered Agent's Signature (REQUIRED)

(CONTINUED)



ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

"/	tle: AMBR" = Authorized M AGR" = Manager	1ember	Name and Address:
MGR = Manager MGR			Peter Mistretta 3968 S 3rd St. Jacksonville Beach, FL 32250
_		·	
_		·	
_			
	lse attachment if necess	•	
(If an effect t <mark>he d</mark> ate of t <u>Note:</u> If th	ive date is listed, the d filing.) e date inserted in this b	ate must be specific	iling: (OPTIONAL) c and cannot be more than five business days prior to or 90 days after the applicable statutory filing requirements, this date will not be listed as
ARTICLE		any.	late's records.
RI	EOUIRED SIGNATU	idelien by: r Mistretta	
	I his doc I am awa	ument is executed in re that any false info	er or an authorized representative of a member, in accordance with section 605,0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State only as provided for in s.817,155, F.S.

Filing Fees:

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Peter Mistretta, Manager

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