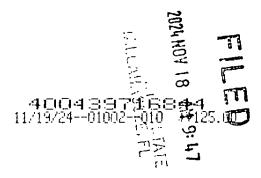
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(Ci	ity/State/Zip/Phone #)	
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(В	usiness Entity Name)	
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Certified Copies	Certificates o	f Status
Special Instructions to Fili	ing Officer:	

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CORPORATE ACCESS, _

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WALK IN

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	CERTIFIED COPY				
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1.	KRP CROWN MANAG		LLC	18 M 9: 47	
2.	(CORPORATE NAME AND DO	CUMENT #)		7	
3.	(CORPORATE NAME AND DO	CUMENT #)			
4.	(CORPORATE NAME AND DO	CUMENT#)			
5.	(CORPORATE NAME AND DO	CUMENT #)			
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SPECIAI	CORPORATE NAME AND DO INSTRUCTIONS:	CUMENT#)			

ARTICLE I - Name: The name of the Limited Liability Company is: KRP Crown Management 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:

9565 Eden Roc Ct Delray Beach, FL 33446 Delray Beach, FL 33446 Delray Beach, FL 33446

Mailing Address:

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:

Principal Office Address:

	Name	
9565 Eden Roc Ct		
Florida street addres	ss (P.O. Box <u>NOT</u> ac	rceptable)
Delray Beach	FL	33446

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..

/s/ Jacob Katsman

Registered Agent's Signature (REQUIRED)

(CONTINUED)

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:	
"MGR" = Manager		
AMBR	Jacob Katsman 9565 Eden Roc Ct	_
	Delray Beach, FL 33446	_
		_
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Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed a the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.
The profession being practiced is Medicine.

REQUIRED SIGNATURE:

/s/ Jacob Katsman

Signature of a member or an authorized representative of a member.

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.

Jacob Katsman

Typed or printed name of signee

Filing Fees:

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

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