

L980000000006

TRANSMITTAL LETTER FOR  
FLORIDA LIMITED LIABILITY COMPANY

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

400002386034--5  
-12/30/97--01061--004  
\*\*\*\*285.00 \*\*\*\*285.00

SUBJECT: KWSR HOLDINGS, L.L.C.

Dear Sir/Madam:

Enclosed for filing is an original and one (1) copy of:

1. the articles of organization for the referenced limited liability company.
2. Filing fee for articles of organization of Florida Limited Liability Company:  
\$250.00 Filing fee for Articles of Organization and Affidavit  
\$ 35.00 Designation of Registered Agent

Please send a letter of acknowledgement upon filing.

Thank you for your assistance. If you have any questions, please contact our office.

Very truly yours,

MITCHELL T. MCRAE, P.A.

By:   
Mitchell T. McRae

FILED  
97 DEC 30 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Name	11/2/98
Availability	988
Document	MITCHELL T. MCRAE, P.A.
Examiner	ONE BOCA PLACE 2255 GLADES ROAD - SUITE 405-EAST BOCA RATON, FLORIDA 33431
Updater	(561)241-6600
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Verifier	
Acknowledgement	DCG
W. P. Verifier	DCG

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**ARTICLES OF ORGANIZATION**  
**FOR**  
**FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - NAME**

The name of this limited liability company is:

**KWSR HOLDINGS, L.L.C.**

**ARTICLE II - ADDRESS**

The mailing address and street address of the principal office of the limited liability company is:

**2255 Glades Road, Suite 405 East  
Boca Raton, Florida 33431**

**ARTICLE III - DURATION:**

The period of duration for the limited liability company shall be perpetual.

**ARTICLE IV - MANAGEMENT:**

The limited liability company is to be managed by the members and the name and address of the managing member is 3359921 Canada, Inc., 300 Leo Pariseau, Suite 1900, Place Du Parc, Montreal, Canada H2W 2N1

**ARTICLE V - COMMENCEMENT**

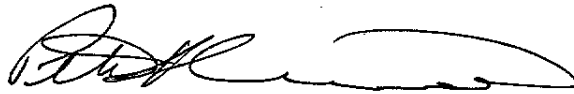
This limited liability company shall commence its existence upon the date of filing with the Secretary of State.

**FILED**  
97 DEC 30 PM 1:30  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

### AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized agent of a member of KWSR HOLDINGS, L.L.C. deposes and says:

- 1) the above named limited liability company has at least two members;
- 2) the total amount of cash contributed by the members is: \$0.00
- 3) if any, the agreed value of property other than cash contributed by the members is: \$0.00
- 4) the amount of cash or property anticipated to be contributed by members is: \$1,000.00



Peter Klauber, Authorized Agent

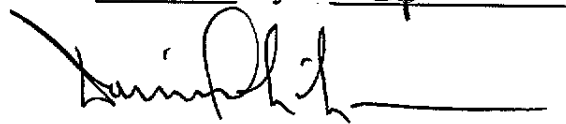
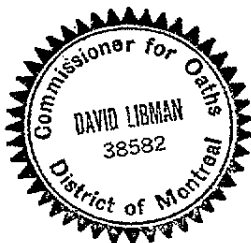
STATE OF \_\_\_\_\_ )  
COUNTY OF \_\_\_\_\_ )

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

I HEREBY CERTIFY that on this day before me, the undersigned officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared **Peter Klauber**, to me known and known to me to be the person described in and who executed the foregoing, and he acknowledged before me that he executed the same, (X) who is personally known to me, (X) who has produced \_\_\_\_\_ as identification and who (X) did ( ) did not take an oath, and who executed the foregoing.

SWORN TO and subscribed before me this 15<sup>th</sup> day of Sept, 1997.

(SEAL)

  
\_\_\_\_\_  
Notary Public, State of \_\_\_\_\_

**CERTIFICATE OF DESIGNATION OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is KWSR HOLDINGS, L.L.C.
2. The name and address of the registered agent and office is:

Mitchell T. McRae, Esquire  
2255 Glades Road, Suite 405 East  
Boca Raton, Florida 33431

*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.*



\_\_\_\_\_  
MITCHELL T. MCRAE, ESQ.

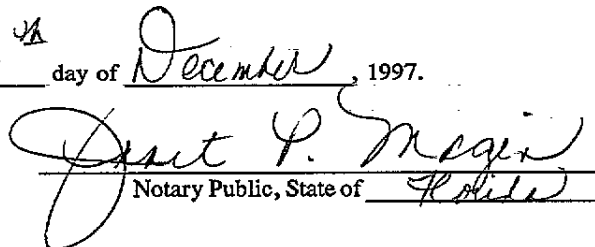
STATE OF FLORIDA )

COUNTY OF PALM BEACH )

I HEREBY CERTIFY that on this day before me, the undersigned officer duly authorized in the state and county aforesaid to take acknowledgements, personally appeared Mitchell T. McRae, to me known and known to me to be the person described in and who executed the foregoing, and he acknowledged before me that he executed the same, ( ☒ ) who is personally known to me, ( ) who has produced \_\_\_\_\_ as identification and who ( ) did ( ☒ ) did not take an oath, and who executed the foregoing.

SWORN TO and subscribed before me this 29<sup>th</sup> day of December, 1997.

(SEAL)

  
\_\_\_\_\_  
Notary Public, State of Florida

3.



Janet P. Magin  
My Commission CC629739  
Expires March 13, 2001

FILED  
DEC 30 PM 1:30  
CLERK OF STATE  
TALLAHASSEE, FLORIDA