L98000000305

THE UNITED STATES CORPORATION COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 738168 81627A

AUTHORIZATION : Patricia Pizzuto

COST LIMIT : $ 285.00

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 12 AM 11:00

ORDER DATE : March 12, 1998

ORDER TIME : 9:54 AM

ORDER NO. : 738168-005

CUSTOMER NO: 81627A

CUSTOMER: Ms. Susie Pierce
STORACE & LUPINO

90130 Old Highway

Tavernier, FL 33037

600002455086--9

DOMESTIC FILING

NAME: KARAL ASSOCIATES, L.C.

EFFECTIVE DATE: DPL 3/12/98

_____ ARTICLES OF INCORPORATION
XX CERTIFICATE OF LIMITED LIABILITY COMPANY.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

_____ CERTIFIED COPY
XX PLAIN STAMPED COPY
_____ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS: _____

RECEIVED
98 MAR 12 AM 10:45
DIVISION OF CORPORATION

TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 12 AM 11:00

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

SUBJECT: KARAL ASSOCIATES, L.C.
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

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

A letter of acknowledgment will be issued free of charge upon filing. Please submit an additional $8.75 if a certificate of status is needed. The fee for a certified copy is $52.50. **Please send one check for the total amount made payable to the Florida Department of State.**

FROM: _____
Name (Printed or typed)

_____
Address

_____
City, State & Zip

_____
Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 12 AM 11:00

ARTICLE I- Name:

The name of the Limited Liability Company is:

KARAL ASSOCIATES, L.C.

ARTICLE II- Address:

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

471 N. ARROWHEAD TRAIL
VERO BEACH, FLORIDA 32963

ARTICLE III- Duration:

The period of duration for the Limited Liability Company shall be:

PERPETUAL

ARTICLE IV- Management:
(check and complete the appropriate statement)

☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

LEE BLATT
471 N. ARROWHEAD TRAIL
VERO BEACH, FLORIDA 32963

☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are:

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
08 MAR 12 AM 11:00

The undersigned member or authorized representative of a member of KARAL ASSOCIATES, 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 member(s) is $ 30,000.00

3) if any, the agreed value of property other than cash contributed by member(s) is $ -0-
A description of the property is attached and made a part hereto.

4) the amount of cash or property anticipated to be contributed by member(s) is $ -0-

5) the total amounts of 2, 3 and 4 is $ 30,000.00

Kashi Kosgal

Signature of a member or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
98 MAR 12 AM 11:00

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: KARAL ASSOCIATES, L.C.

2. The name and address Of the registered agent and Office is:

LEE BLATT
(NAME)

471 N. ARROWHEAD TRAIL
(P. O. BOX NOT ACCEPTABLE)

VERO BEACH, FLORIDA 32963
(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.

(SIGNATURE)

3/10/98
(DATE)

Filing Fee: $ 35 for Designation of Registered Agent