Division of Corporations Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000145250 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : FASTKIT CORPORATE OUTFITS

Account Number : 071001002335

Phone : (305)599-0839

: (305)716-0346 Fax Number

FLORIDA/FOREIGN LIMITED LIABILITY CO.

KMA SOLUTIONS, L.L.C.

Certificate of Status	0
Certified Copy	ı
Page Count	02
Estimated Charge	\$155.00

J. BRYAN

JUN 1 8 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KMA SOLUTIONS, L.L.C.

ARTICLE II - Address:

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

1987 N.W. 88 CT., STE. 202. DORAL, FL 33172

ARTICLE III - Registored Agent, Registered Office, & Registered Agent's Signature;

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

· ELENA VIGIL-FARINAS, ESQ. 103301 OVERSEAS HWY. KEY LARGO, FL 33037

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 duttes, and I am familiar with and accept the obligations of my position as registered agent as provider for in Chapter 608, F.S.

Registered Agent's Signature

ARTICLE IV - Management (Check box if applicable.)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

(An additional article unist be added if an effective date is requested)

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

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

FRANK A. RAMOS

Typed or printed name of signee

ARTICLE V - Member(s) & Managing Member(s)

The name(s) and address(s) of the initial member(s) of the Company is/are:

NAME

<u>ADDRESS</u>

TITLE

FRANK A. RAMOS

1987 N.W. 88 CT., STE. 202

MGR M

DORAL, FL 33172

IN WITNESS WHEREOF, the undersigned member(s) has/have made and subscribed these Articles of Organization at LESTER BARRERAS, C.P.A., P.A. 1987

N.W. 88 CT., STE. 201, DORAL, FL 33172 for the foregoing uses and purposes this

day of

. 20

FRANK A RAMOS, MANAGER MEMBER

SECRETARY OF STATE
AND AHASSEE, FLORIDA