

L11000086175

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

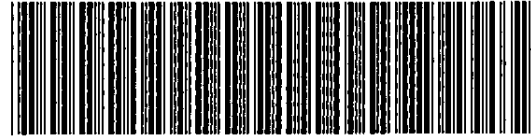
Special Instructions to Filing Officer:

A. LUNT

JUL 27 2011

EXAMINER

Office Use Only



400210076594

07/25/11--01016--019 **160.00

2011 JUL 25 PM 4:11
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Kingdom Estates, LLC
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Darlene Watson
Name of Person

Kingdom Solutions, LLC
Firm/Company

11900 Biscayne Blvd. Suite 400
Address

Miami, Florida 33181
City/State and Zip Code

dwatson@kingdomsolutionsllc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Darlene Watson at (**305**) **933-0788**
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- \$125.00 Filing Fee
- \$130.00 Filing Fee & Certificate of Status
- \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)
- \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kingdom Estates, LLC

(Must end with 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:

11900 Biscayne Blvd.
Suite 400
Miami, Florida 33181

Mailing Address:

11900 Biscayne Blvd.
Suite 400
Miami, Florida 33181

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:

Darlene Watson
Name

11900 Biscayne Blvd. Suite 400
Florida street address (P.O. Box **NOT** acceptable)
Miami FL 33181
City, State, and 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 608, F.S.


Registered Agent's Signature (REQUIRED)

(CONTINUED)

2011 JUN 25 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

BLACKS ENT & J'S INVESTMENT GROUP, LLC
1630 NE 148 STREET
MIAMI, FLORIDA 33181

MGRM

KINGDOM SOLUTIONS, LLC
11900 BISCAYNE BLVD. SUITE 400
MIAMI, FLORIDA 33181

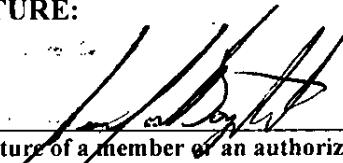
2011 JUL 25 PM 12:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: JULY 21, 2011 (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:



Signature of a member 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. 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.)

Junior Jean Baptiste

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)