

L0000000 8391

OFFICE USE ONLY (Document #)

LAZARUS CORPORATE FILING SERVICE

(Requestor's Name)

3320 S.W. 87 AVENUE

(Address)

MIAMI, FLORIDA (305)552-5973

(City, State, Zip)

(Phone #)

TERESA ROMAN (TALLAHASSEE REPRESENTATIVE)

OFFICE USE ONLY

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KIKAYA TRANSPORT & EQUIPMENT, L.L.C.
(Corporation Name) (Document #)

2. _____
(Corporation Name) (Document #)

3. _____
(Corporation Name) (Document #)

4. _____
(Corporation Name) (Document #)

- Walk in
- Pick up time 2:00
- Mail out
- Will wait
- Photocopy
- Certified Copy
- Certificate of Status

RECEIVED 00 JUL 17 PM 2:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATION

FILED

NEW FILINGS	
	Profit
	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
	Domestication
	Other <u>DCC</u>

AMENDMENTS	
	Amendment
	Resignation of R.A., Officer/Director
	Change of Registered Agent
	Dissolution/Withdrawal
	Merger

OTHER FILINGS	
	Annual Report
	Fictitious Name
	Name Reservation

REGISTRATION/QUALIFICATION	
	Foreign
	Limited Partnership
	Reinstatement
	Trademark
	Other

100003324601-7
-07/17/00-01063-003
****155.00 ****155.00

2 pages

Examiner's Initials

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kikaya Transport & Equipment, L.L.C.

ARTICLE II - Address:

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

201 178 Drive, Ste. 412
Sunny Isles, Fl. 33166

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be thirty (30) years.

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

Jaime Duarte Rueda
201 178 Drive, Ste. 412
Sunny Isles, Fl. 33166

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:

X Jaime Duarte Rueda
Signature of a member or an 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.)

Jaime Duarte Rueda

Typed or printed name of signee

ARTICLE V - Admission of additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be determined by a majority of the voting members.

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of the member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be determined by a majority of the voting members.

2. The name and the Florida street address of the registered agent is:

Jaime Duarte Rueda/201 178 Drive, Ste. 412/Sunny Isles, Fl. 33166

NAMP, Florida street address (P.O. Box NOT ACCEPTABLE)

Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designed 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.

X

Jaime Duarte Rueda
SIGNATURE

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

00 JUL 17 PM 2:01

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