

L10000086855

Florida Department of State
Division of Corporations
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.

((H10000185594 3)))



H100001855943ABC0

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 : LAZARUS CORPORATE FILING SERVICE,
Account Number : I20000000019
Phone : (305) 552-5973
Fax Number : (305) 220-1440

FILED
2010 AUG 18 AM 9:49
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

RECEIVED
10 AUG 18 PM 2:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
KAPIOLANI MANAGEMENT, LLC**

| | |
|-----------------------|----------|
| Certificate of Status | 0 |
| Certified Copy | 1 |
| Page Count | 03 |
| Estimated Charge | \$155.00 |

C. LEWIS
AUG 19 2010
EXAMINER

H10000185594

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED
LIABILITY COMPANY****ARTICLE I – Name:** The name of the Limited Liability Company is:**Kapiolani Management, LLC****ARTICLE II – Address:**

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

Principal Office Address:7041 S.W. 154th Court,
Miami, FL, 33193.**Mailing Address:**7041 S.W. 154th Court
Miami, FL, 33193**ARTICLE III – Registered Agent, Registered Office, & Registered Agent's
Signature:**

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

ALEJANDRA ALVARADO**7041 S.W. 154th Court
Miami, FL 33193**

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..

ALEJANDRA ALVARADO
Registered Agent's Signature

(CONTINUED)

Page 1 of 2

H10000185594

FILED
2010 AUG 19 AM 3:50
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000185594

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

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

Title:

Name and Address:

MGRM

ANGEL REINALDO BARON

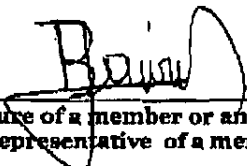
MGRM

NOELIA COROMOTO ROJAS

MGR

ALEJANDRA ALVARADO

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.)

ANGEL REINALDO BARON

Typed or printed name of signee

FILED
2010 AUG 18 AM 8:58
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

H10000185594