

**PAUL D. TURNER**

ATTORNEY AT LAW

6100 Hollywood Blvd.

Suite 770

Hollywood, Florida 33024

\* Also Admitted in Connecticut

Telephone: 954.965.1024

Fax: 954.965.1400

December 13, 2000

Florida Department of State

Registration Section

Division of Corporations

PO Box 6327

Tallahassee, FL 32314

700003503037---1

-12/15/00--01103--013

\*\*\*\*130.00 \*\*\*\*130.00

Re: Articles of Incorporation KUNDUN, LLC

To Whom It May Concern:

Enclosed herein please find the above-referenced document as well as a check made payable to the Florida Department of State for One Hundred Thirty Dollars (\$130.00). This check represents the One Hundred Dollar (\$100.00) filing fee, the Twenty-five Dollar (\$25.00) registered agent fee, and the Five Dollar (\$5.00) certificate of status optional fee.

Additionally, the required contact information is as follows:

Vinod K. Balla  
6220 NW 173<sup>rd</sup> Street, Suite 718  
Miami, FL 33015  
Telephone: 954.483.5400

Should you have any questions regarding this matter, please contact the undersigned.

Sincerely,

(2)



Paul D. Turner



FILED  
00 DEC 15 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

KUNDUN, LLC

## ARTICLE II - Address:

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

6220 NW 173<sup>rd</sup> Street, Suite 718  
Miami, FL 33015

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Vinod K. Balla  
Name  
6220 NW 173<sup>rd</sup> Street, Suite 718  
Florida street address (P.O. Box NOT acceptable)  
Miami FL 33015  
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..*

*Vinod K. Balla*  
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 must be added if an effective date is requested.)

*Vinod K. Balla*  
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.)

VINOD K BALLA  
Typed or printed name of signee

## FILING FEES:

\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

FILED  
00 DEC 15 PM 12:51  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA