

L010000001216

TRANSMITTAL LETTER

Department of State  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

SUBJECT: Karoly LLC.  
(proposed corporate name)

000003562590--4  
-01/22/01--01092--015  
\*\*\*\*125.00 \*\*\*\*125.00

Enclosed is an original and (1) copy of the articles of corporation and our check for: \$ 125.00

FROM: Karoly Szekeres  
Name(printed or type)  
4509 Shadberry Dr.  
Address  
Tampa, FL 33624  
City, State, & Zip  
(813)245-8499  
Telephone Number

FILED  
01 JAN 22 PM 5:00  
SECRETARY OF STATE  
TALLAHASSEE, FL 32304

Note: Please provide the original and copy of the Articles.

L01-1216  
qr

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I NAME

The name of the Limited Liability Company is:

Karoly LLC.

ARTICLE II ADDRESS

The principal place of business and mailing address of this Limited Liability Company shall be:

4509 Schadberry Dr  
Tampa, FL 33624

P.O. Box 260536  
Tampa, FL 33685-0536

ARTICLE III REGISTER AGENT

Karoly Szekeres  
4509 Schadberry Dr  
Tampa, FL 33624

Having been named as a 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 a register agent as provided for in Chapter 608, F.S..

Karoly Szekeres  
Registered Agent's Signature

ARTICLE IV MANAGEMENT

The name of manager : Karoly Szekeres

(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)

Karoly Szekeres  
Karoly Szekeres

FILED  
JAN 22 PM 5:00  
SECRETARY OF STATE  
TAMPA, FLORIDA