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# Florida Department of State

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To:

Division of Corporations

Fax Number

: (850)205-0383

Account Name : FAS-T CORP. AGENTS, INC.

Account Number: 071001002335 Phone: (305)599-0839

Fax Number

: (305)716-0346

## LIMITED LIABILITY COMPANY

KRAAW ENTERPRISES LLC

Certificate of Status	0
Certified Copy	1
Page Count	01
Estimated Charge	\$155.00

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

#### KRAAW ENTERPRISES LLC

#### ARTICLE II - Address:

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

10141 S.W. 80th Street Miami, FL 33173

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

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

	Reinaldo Perez	
	Name	
	10800 S.W. 87th Avenue	
Florida	street Address (P.O. Box NOT acceptable)	<b>a</b>
	Miami FL 33173	03 FEB 19
	City, State, and Zip	
liability company at the place des registered agent and agree to act in statutes relating to the proper and co	agent and to accept service of process for the above signated in this certificate. I hereby accept the in this capacity. I further agree to comply with the performance of my duties, and I am familiar distered agent as provided for in Chapter 608, F.S	ve stated limited appointment as I provisions of all
	( <del>                                     </del>	
	Registered Agent's Signature	•
ARTICLE IV - Management (C The Limited Liability Const, therefore, a manager - manager	mpany is to be managed by one manager or more	managers and
(An additional artic	cle must be added if an effective date is requested	0)
Signature of a ma	ember or an authorized representative of a member.	<del></del>
of this document	with section 608.408(3), Florida Statutes, the execution in constitutes an affirmation under penalties of perjury that the facts stated herein are true)	
	Reinaldo Perez	
•	Typed or printed name of signee	- `