Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

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

Account Number : 071001002335

Phone

: (305)599-0839

Fax Number

: (305)716-0346

LIMITED LIABILITY COMPANY

RAZ-KAL, LLC.

Certificate of Status	0
Certified Copy	1
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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:

RAZ-KAL LLC.

ARTICLE II - Address:

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

18061 Biscayne Boulevard #504-2N Aventura, FL 33160

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's

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

Ofer Cohen 18061 Biscayne Boulevard #504 2-N Aventura, FL 33160

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.

Registered Agent's Signature

Article IV - Management (Check if applicable)

The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager – managed company.

Ofer Cohen Liay Cohen

Signature of a member of 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.)

Ofer Cohen
Typed or printed name of signes

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