

103 0000 23344

(Requestor's Name)

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(City/State/Zip/Phone #)

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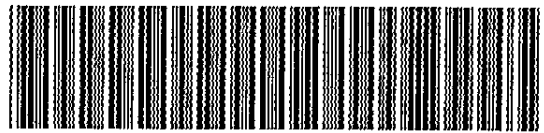
(Business Entity Name)

(Document Number)

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06/23/03--01105--028 **195.00

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SPELL & ASSOCIATES, P.A.
2525 EMBASSY DRIVE #2 COOPER CITY, FL 33026
PHONE 954-442-7771 FAX 954-442-8188
Karen R. Spell, Attorney at Law

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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FILED

June 17, 2003

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, FL 32399

06/23/03--01105--028 **195.00

Dear Sir madame:

Please provide the following

Certified copy of Articles of Incorporation for The Billiard Collection, Inc
Certificate of Good Standing for The Billiard Collection, Inc.,

Certified copy of the Articles of Incorporation of K.M.A Investments of Miami, Inc.
Certificate of Good Standing for K.M.A. Investments, Inc.

I am also filing the enclosed LLC for Billiard Collection LLC

Certified copy of Articles of Organization for Billiard Collection LLC
Certificate of Good Standing for Billiard Collection LLC

I have enclosed a check for \$195.00

Karen R. Spell, Esq.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: **BILLIARD COLLECTION LLC**

ARTICLE II - Address:

651 NW 124th Street N Miami, FL 33168
The mailing address and street address of the principal office of the Limited Liability Company is:


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

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

Karen R. Spell
Name
2525 Embassy Drive #2
Florida street address (P.O. Box **NOT** acceptable)
Cooper City FL 33026
City, State, and Zip

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03 JUN 23 AM 10:41
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

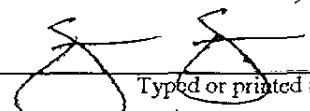
Having been named as registered agent and to accept service of process for the above stated limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with the provisions of all 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

(An additional article must be added if an effective date is requested)

Samuel K. Spell
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.)


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)