

L0300038282

Florida Department of State
Division of Corporations
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To:

Division of Corporations
Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305) 634-3694
Fax Number : (305) 633-9696

LIMITED LIABILITY COMPANY

KASA INVESTMENTS, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
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**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY OF**

KASA INVESTMENTS, LLC

ARTICLE I

The name of the Limited Liability Company shall: KASA INVESTMENTS,
LLC

ARTICLE II

The Company is organized for any legal and lawful purpose for which a
limited liability company may be organized pursuant to the Act.

ARTICLE III

The mailing address and street address of the principal office of the Limited
Liability Company is: 112 S. FLAMINGO ROAD, PEMBROKE PINES, FL
33027.

ARTICLE IV

The name and the Florida street address of the registered agent are:
ARMANDO ARTAMENDI, 112 S. FLAMINGO ROAD, PEMBROKE
PINES, FL 33027.

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SECTION 607.01(2)(b)
OFFICE OF THE CLERK
OF THE CIRCUIT COURT IN AND
FOR THE COUNTY OF DADE, FLORIDA

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CERTIFICATE OF DESIGNATION
REGISTERED AGENT/REGISTERED OFFICE/MEMBER/REPRESENTATIVE

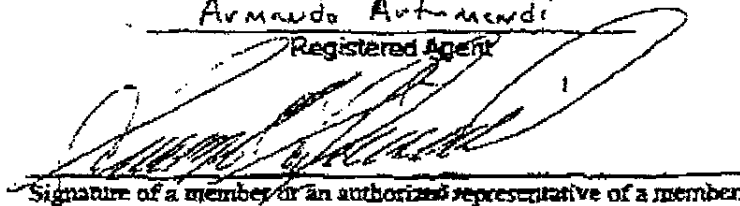
KASA Investments, LLC

(Name of Company)

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

Armando Antamendi

Registered Agent


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.)

Armando Antamendi

.. Typed or printed name of signer

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STATE OF FLORIDA
SALT SPRING COUNTY

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