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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**

**k99 investors, llc**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

DIVISION OF CORPORATION

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY  
COMPANY**

**ARTICLE I:**

The name of the Limited Liability Company is:

**K99 Investors, LLC**

**ARTICLE II:**

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

**2900 N.W. 7<sup>th</sup> Street  
Miami, Florida 33125**

**ARTICLE III**

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

**BRUCE M. CEASE  
2900 N.W. 7<sup>th</sup> Street  
Miami, Florida 33125**

SECRETARY  
ALLAN/SCFE

04 JAN 30 4:10:21

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Having been 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.

Bruce M. Cease  
**REGISTERED AGENT'S SIGNATURE**

Prepare By:  
BRUCE M. CEASE, ESQ.  
2900 N.W. 7<sup>th</sup> Street  
Miami, Florida 33125

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**ARTICLE IV:**

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

Bruce M. Cease

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.)

BRUCE M. CEASE

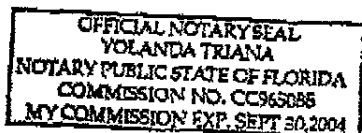
Type or printed name of signee

STATE OF **FLORIDA**)  
COUNTY OF **MIAMI-DADE**)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared BRUCE M. CEASE known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: FL Driver's License.

Witness my hand and official seal in the County and State last aforesaid this 29 day of January, A.S., 2004.

Notary Rubber Stamp Seal:



Yolanda Triana  
NOTARY SIGNATURE  
YOLANDA TRIANA  
Printed Notary Signature

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AND  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA