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## TRANSMITTAL LETTER TO: Registration Section Division of Corporations SUBJECT: Kafrakalo LLC (Name of Limited Liability Company) The enclosed Articles of Organization and fee(s) are submitted for filing. Please return all correspondence concerning this matter to the following: Kafrakalo LLC (Firm/Company) Kafrakalo LLC (Firm/Company) LO39 Hillsboro Mile # 11 (Address) Hillsboro Beach FL 33062 (City/State and Zip Code) For further information concerning this matter, please call: Kathran Franco at (954) 531-0177

STREET ADDRESS:

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·-
Kafrakalo L	LC
ARTICLE II - Address: The mailing address and street address of the princip	oal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
10.39 Hillsborn Mile#11	1039 Hilkboro Mile#11
Hillsboro Beach, FL	Hillsboro Beach, FL
33062	33062
Name  1039 Hillsboro  Florida street address (P.O. Box	Mile # // Possession of the second agent are:

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 profisions 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 508, Florida Statutes.

Registered Agent's Signature

Page 1 of 2 (CONTINUED)

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			٠
MGRM	Kathryn Franco 1039 Hillsboro Mile # Hillsboro Beach, FL	<u>-11</u> 3306	. <del></del>	
MGR	Byron S. Kalogera		-	
M-20				-
			0	
(Use attachment if necessary)		SECRETURY ALLANASE	OH MAR I O	
NOTE: An additional article must be a	added if an effective date is requested.			
REQUIRED SIGNATURE:		ORIDA	3: 59	

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

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)

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

Typed or printed name of signee

that the facts stated herein are true.)