

L040000210491

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

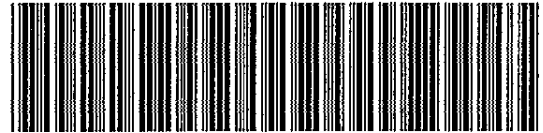
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

3/29 FL LC

Office Use Only



900031322319

BJH

03/29/04--01055--017 **125.00

FILED
04 MAR 29 PM 3:29
FILING

Joaquin Garcia-Larrieu

10380 SW 115 Street
Miami, Florida 33176
Tel 305.235.0267
Fax 305.2351639
Cell 305.215.1047

March 26, 2004

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

Enclosed are the Transmittal Letter and Articles of Organization for Killian Partners, LLC and a check in the amount of \$125.00


Joaquin Garcia-Larrieu

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Killian Partners, 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:

Joaquin A. Garcia-Larrieu
(Name of Person)

(Firm/Company)

10380 SW 115 Street
(Address)

Miami Florida 33176
(City/State and Zip Code)

For further information concerning this matter, please call:

Joaquin A. Garcia-Larrieu at (305) 215-1047
(Name of Person) (Area Code & Daytime Telephone Number)

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:

Killian Partners, LLC

ARTICLE II - Address:

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

Principal Office Address:

10380 SW 115 Street Miami Florida 33176

Mailing Address:

10380 SW 115 Street Miami Florida 33176

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

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

Joaquin A. Garcia-Larrieu

Name

10380 SW 115 Street

Florida street address (P.O. Box **NOT** acceptable)

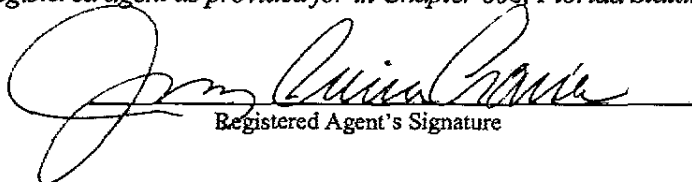
Miami

FLORIDA 33176

City, State, and Zip

04 MAR 29 PM 3:29
FILED
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, Florida Statutes..


Registered Agent's Signature

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Joaquin A. Garcia-Larrieu

10380 SW 115 Street

Miami Florida 33176

Member

Francisco A. Smith

3225 Rum Road

Naples Florida 34102

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:


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.)

Joaquin A. Garcia-Larrieu

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)