

L04000041438

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

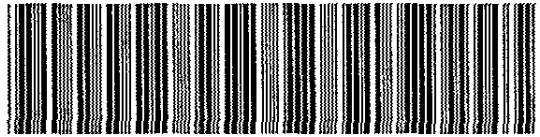
(Document Number)

Certified Copies \_\_\_\_\_

Certificates of Status \_\_\_\_\_

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Office Use Only



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05/27/04--01054--011 \*\*81.25

01/26/04--01010--013 \*\*78.75

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04 MAY 27 PM 2:27

CLERK OF COURT  
TALLAHASSEE, FLORIDA

6/2  
CST

# JKZ GROUP LLC

May 24, 2004

Department of State  
Division of Corporations  
P.O. Box 6327  
409 E. Gaines Street  
Tallahassee, Florida 32399

**RE: JKZ GROUP LLC**

To Whom It May Concern:

On January 19<sup>th</sup>, 2004, we submitted the Articles of Incorporation for the above-captioned company accompanied by Check No. 603 in the amount of \$78.75 (*refer to attachment*). However, we were later notified by your office that our application had been rejected because of lack of proper suffix in the name.

We are hereby including the correct Articles of Organization as well as a check in the amount of \$81.25; breakdown as follows,

Filing Fees for attached application:

	\$100.00 Filing Fee
	\$ 25.00 Designation of Registered Agent
	\$ 30.00 Certified Copy
	\$ 5.00 Certificate of Status
	<u>\$161.00</u>
MINUS	<u>\$ 78.75</u> (amount previously paid with Check #603)
	<b>\$ 81.25</b> (Fee Balance for this Application enclosed)

Thanking you in advance for your assistance in the above matter, I remain

Yours truly,

**JKZ GROUP LLC**

Yara De Abreu  
Registered Agent

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04 MAY 27 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: JKZ GROUP 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:

Yara De Abreu  
(Name of Person)

JKZ GROUP LLC  
(Firm/Company)

3915 Biscayne Blvd. Suite 1000  
(Address)

Miami, Florida 33137  
(City/State and Zip Code)

For further information concerning this matter, please call:

Yara De Abreu at ( 954 ) 914-9623  
(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

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JKZ GROUP LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

3915 Biscayne Blvd. Suite 1000

Miami, Florida 33137

**Mailing Address:**

3915 Biscayne Blvd. Suite 1000

Miami, Florida 33137

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

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

Yara De Abreu

Name

1755 Kennedy Causeway

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

North Bay Village,

FLORIDA 33141

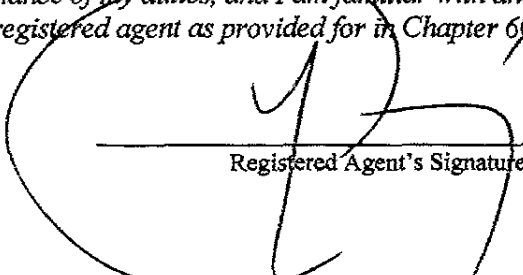
City, State, and Zip

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TALLAHASSEE, FLORIDA

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*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:**

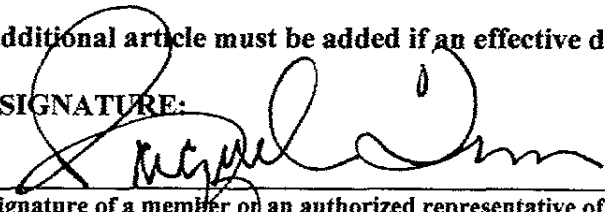
MGR	Raquel Torres
	3915 Biscayne Blvd. Suite 1000
	Miami, Florida 33137

(Use attachment if necessary)

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04 MAY 27 PM 2:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**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.)

Raquel Torres

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)