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(Re	equestor's Name)	
		
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PICK-UP	☐ WAIT	☐ MAIL
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Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
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TRANSMITTAL LETTER

SUBJECT: Kajou Monagement Group 110 (Name of Limited Mability Company)	,. .			
The enclosed Articles of Organization and fee(s) are submitted for filing.				
Please return all correspondence concerning this matter to the following:				
Lawens Joschim (Name of Person)				
KAJOU MANAGEMENT GROUP	<u>-</u>			
4412 Edgebrook Drive, Orlando Fl 3280	温量	SECRE!		
Onlando /F/ (City/State and Zip Code)	-9 PH (FRY REST		
For further information concerning this matter, please call:	25.	A Tors		

STREET ADDRESS:

TO:

Registration Section Division of Corporations

> 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:				
Kajou Management o	Group III			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
4412 Edgebrook Drive	3714 Palm Desert Line			
Oclando, Fl 32809	#5312 0 = ==			
	Orlando, FI 32智慧			
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are:				
Lawens Josephin				
3714 Palm Desert Lane # 53/2 Florida street address (P.O. Box NOT acceptable)				
Orlando FLORIDA 32839 City, State, and Zip				

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

Page 1 of 2 (CONTINUED)

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 Laukns Joachim (MGR) 37/4 falm Desert Lane / Apt 53/2 Outando F1 32839 Alsay Pi Joachim (MGRM) 3700 Costle Pine Lane 14 4038 Octondo F1 32839 (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.)

Lawens Joachim
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)