Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)205-0383

From:

: EMPIRE CORPORATE KIT COMPANY Account Name

Account Number: 072450003255

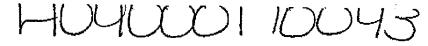
: (305)634-3694 : (305)633-9696 Fax Number

LIMITED LIABILITY COMPANY

ariane 167th st., llc

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





ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARIANE 167TH	ST., LLC		·
ARTICLE II - The mailing add	•	e principal office of the Limit	ed Liability Comp
Principal Offic	e Address:	Mailing Addres	<u>s:</u>
1250 LINCOLN R	OAD #501	1250 LINCOLN R	OAD #501
MIAMI BEACH, FLORIDA 33139		MIAMI BEACH, FL	ORIDA 33139
	Registered Agent, Register of Florida street address of the	red Office, & Registered Ag ne registered agent are:	ent's Signature:
			ent's Signature:
	e Florida street address of the	ne registered agent are:	ent's Signature: Ž
	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50	ne registered agent are:	ent's Signature: ALLAH
	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50	ne registered agent are:	ent's Signature: TALLAHASSE
	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50 Florida street address (ne registered agent are: THE P.O. Box NOT acceptable) FLORIDA 33139	TALLAHASSEE,
	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50 Florida street address (ne registered agent are: me P.O. Box <u>NOT</u> acceptable)	rent's Signature: TALLAHASSEE, FLOR
The name and the been named as re	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50 Florida street address (MIAMI BEACH; City, Stategistered agent and to accept a signated in this certificate, I have been address of the certificate of the certifica	me P.O. Box NOT acceptable) FLORIDA 33139 Ic. and Zip service of process for the above ereby accept the appointment of the service of the appointment of the appo	TALLAHASSEE, FLORE
the named as re wat the place des act in this capacit plete performan	GUSTAF ARNOLDSSON Na 1250 LINCOLN ROAD #50 Florida street address (MIAMI BEACH; City, States and to accept a signated in this certificate, I have a further agree to comply to the coop of my duties, and I am family	ne registered agent are: The registered agent are: P.O. Box NOT acceptable) FLORTDA 33139 The process for the above	e stated limited in the stated limited in the stated age. The stated in the state of my positions of my positions of my positions of my positions.

Page 1 of 2 (CONTINUED)

1 HOLIMON 13:12

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Gustaf Arnoldsson
Typed or printed name of signee

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGRM	KCJ, LLC			
	9250 W. BAY HARBOR DRIVE, UNIT3B	—		
	BAY HARBOR, FLORIDA 33154			
MGRM	NORTH SHORE HOLDINGS, LLC			
	1717 N. BAYSHORE DRIVE #3550	~		
	MIAMI, FLORIDA 33132			
(Use attachment if necessary)				
			_	
NOTE: An additional article must be	added if an effective date is requested.	ÆΥ	2	
	•	돌음	NUG	
REQUIRED SIGNATURE:	1 0	\$ *	<u></u>	
		뛵글	9	į
Signature of a member of an a	uthorized representative of a member.	±,C	3	ţ
•	• .	(QS)	œ	
(In accordance with section 608.	.408(3), Florida Statutes, the execution offirmation under the penalties of perjury	종	8: 54	
that the facts stated herein are tr		- * **********************************		

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)

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