# da Department of State

Division of Corporations Public Access System

## Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000232642 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY.

Account Number: 072450003255 Phone : (305) 634-3694 Fax Number : (305)633-9696

# LIMITED LIABILITY COMPANY

## k15, llc

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

P.01

H04000232642

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### **ARTICLE I:**

The name of the Limited Liability Company is:

K15, LLC.

### ARTICLE II:

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

1681 N.W. 97<sup>th</sup> Avenue Doral, Florida 33172

## **ARTICLE III**

The name and the Florida street address of the registered agentare

Sante De Leo 1681 N.W. 97<sup>th</sup> Avenue Doral, Florida 33172

Having been 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, F.S.

REGISTERED AGENT'S SIGNATURE

Prepare By: MICHAEL S. CEASE, ESQ. 2900 N.W. 7<sup>th</sup> Street Miami, Florida 33125

H04000232642

NON-55-5004 15:30

HOYOUD 232642

## ARTICLE IV:

The Limited Liability Company's to be managed by one manager or more managers and is, therefore, a manager-managed company.

Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statues, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

SANTE DE LEO

Type or printed name of signee

STATE OF FLORIDA)
COUNTY OF MIAMI-DADE)

I Hereby Certify that on this day, before me, an officer duly authorized to administer oaths and take acknowledgments, personally appeared SANTE DE LEO known to be the person described in and who executed the foregoing instrument, who acknowledged before me that he executed the same, and an oath was not taken. Said person provided the following type of identification: FL. Driver's License.

Witness my hand and official seal in the County and State last aforesaid this <u>72</u> day of November, A.S., 2004.

Notary Rubber Stamp Seal:

OFFICIAL NOTARY SEAL DAMELA WICK SR OCHMISSION NUMBER DOMARES MY COMMISSION EXPIRES AUG. 13,2005

NOTARY SIGNATURE

DANIEL A. WICK
Printed Notary Signature

H04000 2326242