Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

DIVISION OF CORPORATION Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

kgz, l.l.c.

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

Hoy000834531

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited I.	pility Company is:
KGZ, L.L.C.	
ARTICLE II - Address: The mailing address and sir	et address of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
P.O. Box 824471	P.O. Box 824471
Pembroke Pines, Florida 330	
ARTICLE III - Registerer The name and the Florida s	Agent, Registered Office, & Registered Agent's Signature: ect address of the registered agent are:
ARTICLE III - Registerer The name and the Florida s	Agent, Registered Office, & Registered Agent's Signature:
ARTICLE III - Registered The name and the Florida s Sandra I	Agent, Registered Office, & Registered Agent's Signature: ect address of the registered agent are: cheine-Baker, Esq.
ARTICLE III - Registered The name and the Florida s Sandra I	Agent, Registered Office, & Registered Agent's Signature: eet address of the registered agent are: cheine-Baker, Esq. Name
ARTICLE III - Registered The name and the Florida s Sandra I	Agent, Registered Office, & Registered Agent's Signature: ect address of the registered agent are: cheine-Baker, Esq. Name

(CONTINUED)

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 808, F.S.

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:			
MGR .	Kern Y. Martinez P.O. Box 824471	 -		
	Pembroke Pines, Florida 33082			
MGRM	Gloria R. Martinez			
The same of the sa	P.O. Box 824471			
	Pembroke Pines, Florida 33082			
	· · · · · · · · · · · · · · · · · · ·			
799% - raw balance and raw (1990)		<u> </u>		
(Use attachment if necessary)				
NOTE: An additional article must	be added if an effective date is requested.			
REQUIRED SIGNATURE:	, /	سمب م دران	_	
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Sign=ture/of a member	er or an authorized representative of a member.		2	#
(in accordance with so of this document const that the facts stated it	ction 698.408(3), Florida Statutes, the execution itution afficient under the penalties of perjury auruin are true.)	SSE E	24 AH	2-7-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-1-
Kem Y. Martinez	•	<u> </u>	9	= -
	ped or printed name of signed	<u> </u>		-

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

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