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Division of Corporations

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : BLUMBERG/EXCELSIOR CORPORATE SERVICES, INC.
Account Number : 075350000353
Phone : (212)431-5000
Fax Number : (212)431-1441

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DIVISION OF CORPORATIONS

LIMITED LIABILITY COMPANY

KRISKEL ENTERPRISES, LLC.

Certificate of Status	0
Certified Copy	0
Page Count	~~02~~ 3
Estimated Charge	$125.00

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

KRISKEL ENTERPRISES, LLC.

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	**Mailing Address:**
741 CHEETAH TRAIL	741 CHEETAH TRAIL
APOPKA FL, 32712	APOPKA FL, 32712

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:

I
KRISTEN KLEIN
Name

741 CHEETAH TRAIL
Florida street address (P.O. Box NOT acceptable)

APOPKA FL, FLORIDA 32712
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

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TALLAHASSEE, FLORIDA

Justin T. Reed
BlumbergExcelsior
62 White Street
New York, NY 10013

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:
MGRM	KELLY PITTS 741 CHEETAH TRAIL APOPKA FL, 32712

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

Kelly Pitts

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.)

KELLY PITTS

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)

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