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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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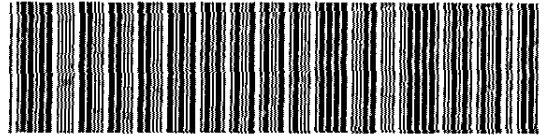
(Business Entity Name)

(Document Number)

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: SANJIRO, LLC
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

MICHAEL KIMKOWSKI
(Name of Person)

SANJIRO, LLC
(Firm/Company)

7205 NW 60 STREET
(Street Address)

TAMARAC, FLORIDA 33321
(City, State & Zip)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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For further information concerning this matter, please call:

MICHAEL KIMKOWSKI at **(954) 445-2769**
(Area Code & Daytime Telephone Number)

STREET ADDRESSES:
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:

SANJIRO, LLC

ARTICLE II – Address:

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

Principal Office Address:
7205 NW 60 STREET
TAMARAC, FL. 33321

Mailing Address:
7205 NW 60 STREET
TAMARAC, FL. 33321

ARTICLE III – Registered Agent, Registered Office, & Registered Agent’s Signature:

The names of the Florida street address of the registered agent are:

MICHAEL KIMKOWSKI

Name

7205 NW 60 STREET

(Florida street address (P.O. Box **NOT** acceptable))

TAMARAC, FLORIDA 33321

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 and complete performance of duties, and I am familiar with and accept the obligation of my position as registered agent as provided for in Chapter 608, Florida Statutes..



Registered Agent’s Signature

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

MGR _____

MICHAEL KIMKOWSKI

7205 NW 60 STREET

TAMARAC, FLORIDA 33321

(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.)

MICHAEL KIMKOWSKI

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)

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TALLAHASSEE FLORIDA