

04/20/2005 16:15 FAX

Division of Corporations

001/004

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**W05000038891** (3)

Florida Department of State  
Division of Corporations  
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Electronic Filing Cover Sheet

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To:

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

MJH

From:

Account Name : BLAXBERG & GRAYSON, P.A.  
Account Number : I19990000119  
Phone : (305) 381-7979  
Fax Number : (305) 371-6816

05 APR 20 PM 3:50

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**LIMITED LIABILITY COMPANY**

**ABKJ L.L.C.**

Certificate of Status	1
Certified Copy	0
Page Count	01
Estimated Charge	\$130.00

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DIVISION OF CORPORATION

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

ABKJ L.L.C.

## ARTICLE II - Address:

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

### Principal Office Address:

300 SW 181 Way  
Pembroke Pines Florida 33029

### Mailing Address:

300 SW 181 Way  
Pembroke Pines Florida 33029

## ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

Gunil Jotwani

Name

300 SW 181 Way

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

Pembroke Pines Florida 33029 FL

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, F.S.

*G. Jotwani*  
Registered Agent's Signature

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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:**

MGRM

Sunil Jotwani

300 SW 181 Way

Pembroke Pines Florida 33029

(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.)

Sunil Jotwani

Typed or printed name of signer

**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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