

Florida Department of State
Division of Corporations
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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**KOKI II LLC**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION OF

KOKI II LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

KOKI II LLC

ARTICLE II - Address:

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

15980 S.W. 4 Street
Pembroke Pines. Florida. 33027

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be perpetual in nature.

ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager and the name and address of such manager who is to serve as manager is:

Antonio R. Pena

15980 S.W. 4 Street
Pembroke Pines. Florida. 33027

Ana L. Jimenez

15980 S.W. 4 Street
Pembroke Pines. Florida. 33027

ARTICLE V - Admission of Additional Members

The right, if given, of the remaining members to admit additional members and the terms and conditions of the admissions shall be:

New members shall be admitted based on a majority vote of the then existing members.

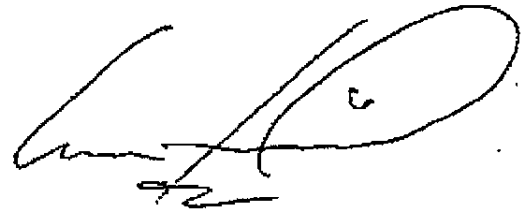
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ARTICLE VI- Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

To maintain the viability and the integrity of all business operations, including, but not limited to, purchase and sales/marketing activities, collection of receivables, financial and legal affairs until a new majority of members is achieved.



Signature of a member or authorized
representative of a member

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TALLAHASSEE, FLORIDA

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CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA
STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE
FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED
AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is:

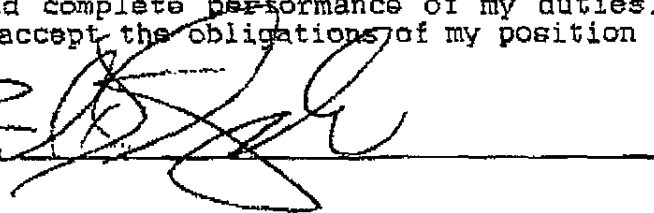
KOKI II LLC

2. The name and address of the registered agent and office is:

Raul R. Delgado De Armas, Esq.
Raul R. Delgado De Armas & Associates
600 Brickell Avenue, Suite 500
Miami, Florida 33131

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.

Signature



Date

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