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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
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DIVISION OF CORPORATION

LIMITED LIABILITY COMPANY

koki VIII llc

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	\$155.00

J. BRYAN AUG -3 2005

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**ARTICLES OF ORGANIZATION OF
KOKI VIII LLC**

ARTICLE I - Name:

The name of the Limited Liability Company is:

KOKI VIII 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 Pena Family Limited Partnership	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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HALL COUNTY, FLORIDA

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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:

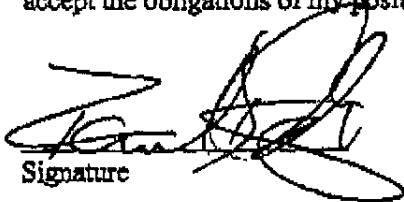
KOKI VIII LLC

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

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TALLAHASSEE, FLORIDA

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

8/1/05

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