

W5000075982

Florida Department of State

Division of Corporations

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To:

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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 VI llc

Certificate of Status	0
Certified Copy	1
Page Count	04
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HD50000184231

ARTICLES OF ORGANIZATION OF

KOKI VI LLC

ARTICLE I - Name:

The name of the Limited Liability Company is:

KOKI VI 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.

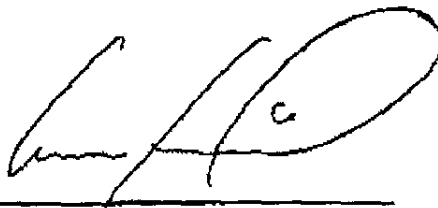
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ARTICLE VI- Members Rights to Continue Business:

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.

A handwritten signature in black ink, consisting of a stylized 'L' followed by a large loop and a horizontal line.

Signature of a member or authorized representative of
a member

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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:

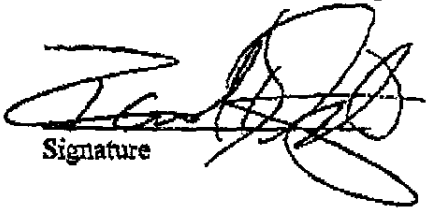
KOKI VI LLC

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

8/1/05

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