

**10600000 9654**

Florida Department of State  
Division of Corporations  
Public Access System

## Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H06000023101 3)))

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

SECRETARY OF STATE  
FLORIDA

06 JAN 26 AM 9:27

FILED

## To:

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

## From:

Account Name : FAS-T CORP. AGENTS, INC.  
Account Number : 071001002333  
Phone : (305) 599-0839  
Fax Number : (305) 716-0346

DIVISION OF CORPORATION

06 JAN 26 AM 8:13

RECEIVED

**FLORIDA/FOREIGN LIMITED LIABILITY CO.****MMK PROPERTIES LLC**

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **MMK Properties LLC**

**ARTICLE II - Address:**

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

Principal Office Address:

**635 Euclid  
Suite 103  
Miami Beach, FL 33139**

Mailing Address:

**635 Euclid  
Suite 103  
Miami Beach, FL, 33139**

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

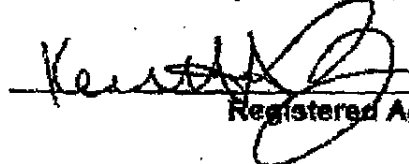
The name and the Florida street address of the registered agent are:

**Kenneth A. Ray**  
Name

**635 Euclid, Suite 103**  
Florida Street address (P.O. Box NOT acceptable)

**Miami Beach, FL, 33139**  
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.*

  
\_\_\_\_\_  
Registered Agent's Signature

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

06 JAN 26 AM 9:27

FILED

**ARTICLE IV - Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

**MGR**

**Kenneth A. Ray**  
635 Euclid  
Suite 103  
Miami Beach, FL, 33139

### Managing Member

**635 Euclid  
Suite 103  
Miami Beach, FL, 33139**

**Managing Member**

635 Euclid  
Suite 103  
Miami Beach, FL, 33139

### Managing Member

835 Euclid  
Suite 103  
Miami Beach, FL, 33139

(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

(In accordance with section 888.402(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Kenneth A. Ray

**Typed or Printed Name of Signee**

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA