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(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	WAIT	MAIL
(Bu	Isiness Entity Nan	ne)
(Do	ocument Number)	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	
	·	





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85/16/06--01044--002 **130.00



COVER LETTER

	tration Section ion of Corporations						
SUBJECT:	King & Yin I	nvestment, L	LC.				
_		(Name of Limite	d Liability Compar	1y)			
The enclosed	Articles of Organiza	ation and fee(s) are s	ubmitted for filing.				
Please return a	ll correspondence	concerning this matte	er to the following:				
King	ı Wah Mak						
		(Name of Person)				
						2006	DIVIS
		(Firm/Company)			2006 MAY 16	DIVISION OF
100	19 SE 219	th PL				91	() ()
			(Address)			AH	J. Salar
Ker	t, WA 980	31				9: 5 3	Cudhlavijuk
		(City	/State and Zip Code)			ည	蓑
For further inf	ormation concernin	g this matter, please	call:				
King Wa	h Mak	-	at (253)	630-688	38		
	(Name of Person)	,	(Area Code	& Daytime Te	lephone Number)		
Enclosed is a	check for the foll	owing amount:					
\$125.00 Fi		0.00 Filing Fee & cate of Status	\$155.00 Fill Certified Copy (additional copy is		\$160.00 Filing Certificate of State Certified Copy (additional copy is end	ıs &	
	Registr Divisio P.O. B	g Address ation Section on of Corporations ox 6327 assee, FL 32314	Registration Division of Clifton Bu 2661 Exec	of Corporation	ns		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(Must end with the words "Limited Liabi	ty Company, "Limited Company" or their abbreviation "LLC," or "L.C.,"	;;)
ARTICLE II - Address:	ddwaga of the naimeinal office of the Limited Liebility (7i
The mailing address and street	ddress of the principal office of the Limited Liability C	company is:
Principal Office Address:	Mailing Address:	
10019 SE 219th PL	10019 SE 219th PL	
Kent, WA 98031	Kent, WA 98031	_
	ent, Registered Office, & Registered Agent's Signat	
(The Limited Liability Company cannot business entity with an active Florida re	rve as its own Registered Agent. You must designate an individual or and istration.) address of the registered agent are:	
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree	rve as its own Registered Agent. You must designate an individual or and istration.) address of the registered agent are:	SECRETARY OF CLEP
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree Wanda F.	rve as its own Registered Agent. You must designate an individual or and istration.) address of the registered agent are: Sexton	SECRETARY OF STADIVISION OF CCEPOPAL
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree Wanda F.	rve as its own Registered Agent. You must designate an individual or and istration.) address of the registered agent are: Sexton Name	SECRETARY OF STADIVISION OF CCEPOPAL
(The Limited Liability Company cannot business entity with an active Florida re The name and the Florida stree Wanda F.	rve as its own Registered Agent. You must designate an individual or and istration.) address of the registered agent are: Sexton Name 56th Street Florida street address (P.O. Box NOT acceptable)	SECRETARY OF STATE DIVISION OF CLEPOPATIO

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..

| Marsh F. Syttem

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

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2



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

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

<u>Title:</u>		e and Address:	
"MGR" = Manage			
"MGRM" = Mana	ging Member		
MGR	King	Wah Mak	
		SE 219th PL	
	Kent,	WA 98031	
MGRM	Kina '	Wing Mak	
<u></u>		9 SE 219th PL	
		WA 98031	
MGRM	Vi- C	an Adale	
IVIOINI		an Mak 9 SE 219th PL	
		WA 98031	
	<u>rtorit,</u>	777.0001	
MGRM	Yin L	ing Mak	
	10019	9 SE 219th PL	
	Kent,	WA 98031	
	ate, if other than the date of fili d, the date must be specific a	ing: May/10/2006 . (OP	PTIONAL) ness days prior
<u>REQUIRED</u> SIG	w Ox	nd	SECRETARY DIVISION OF CO
	In accordance with section 608.40	8(3), Florida Statutes, the execution rmation under the penalties of perjury le.)	LED RY OF STATE CORFORATIONS
	~	ed name of signee	

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)