

Division of Corporations Public Access System

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : A 1 A CORPORATE SERVICES, INC

Account Number : I20010000247 (800)494-3124 Phone

: (305)675-2811 Fax Number

## KA GROUP LLC

Certificate of Status	0
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ORIDA/FOREIGN LIMITED LIABILITY CO.

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## ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

In compliance with Chapter 608, F.S.

ARTICLE I: NAME

The name of the Limited Liability Company is:

KA GROUP LLC

**ARTICLE II: Address** 

The mailing address and street address of the principal office of the Lipsted Clability Company is:

100 S. EOLA DR SUITE 1209

ORLANDO, FLORIDA 32801

ARTICLE III: REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT SIGNATURE

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

ALTERNATIVE FINANCIAL SERVICES LLC

4192 CONROY RD. SUITE 110

ORLANDO, FL 32839

Having been named as registered agent 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.

ALTERNATIVE FINANCIAL SERVICES LLC / Registered Agent's Signature

ARTICLE IV: MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

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KA GROUP LLC

ARTICLE V: MEMBERS (optional)

## **MANAGING MEMBER:**

ONDER KENAN ATLI 100 S. EOLA DR SUITE 1209 ORLANDO, FLORIDA 32801

\*Kenan Ittl

Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

ONDER KENAN ATLI