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## COVER-LETTER

TO: Registration Section Division of Corporations	
SUBJECT: KIVA ENTERPRISES L. (Name of Limited Liability Company)	C.
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
Parrinder Terry (Name of Person)	
(Name of Person)	
(Firm/Company)	
4068 Old Mill Cae TT. Ea	st
(Address)	
4068 Old Mill Care TT. Ea (Address)  Tacksonville, FL 32:	217
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Kenneth Terry at (904) 44  (Name of Person) (Area Code & Dayti	3-3061
(Name of Person) (Area Code & Dayti	me Telephone Number)
Enclosed is a check for the following amount:	
S125.00 Filing Fee S130.00 Filing Fee & S155.00 Filing Fee Certificate of Status Certified Copy (additional copy is enclosed)	Certificate of Status &
Mailing Address  Registration Section  Division of Corporations  Street/Courier Action  Registration Section  Division of Corporations  Division of Corporations	n

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301



October 18, 2006

PARRINDER TERRY 4068 OLD MILL COVE II EAST JACKSONVILLE, FL 32277

SUBJECT: KIVA ENTERPRISES L.L.C.

Ref. Number: W06000045777

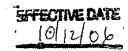
We have received your document for KIVA ENTERPRISES L.L.C.. However, upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for \$130.00. Your document will be retained in our pending file. Please return a copy of this letter to ensure that your check is properly credited.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6067.

Letter Number: 206A00062082

Neysa Culligan Document Specialist



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

KIVA Enterprise	s L.L.C.
(Must end with the words "Limited Liability Company, "Limited	1 Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
4068 Old Will Care TIE. Jacksonville, FL. 32277	4068 OH MILL COVETLE. Julsonville, FL 32277
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re Parrindove Name	egistered agent are:
	COVE (I, E.  ress (P.O. Box NOT acceptable)
Tackson ville City, State, as	FL. 32277 ad 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 (REOURED)

(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>	Name and Address:
"MGR" = Manager	
"MGRM" = Managing Me	mber
MGR	Tanaje White
INCK	70222 1/001 D + 4010
	North Bay Village, FL 33141
	- (NOTITE MY 1110 Ages) 1 10 32141
MGRM	Lovenzo Jackson
	14561 QIV. 38h St
	Miramor FL 33027
N A C 10 A 4	Paris L. Tar
MGRM	Yarrinder lerry
	4068 Old Mill Cone 718.
	Jacomin 12 3727
MGRM	Krnheth Tern
	400x DIJMILL ONE TIE
	Tacksonville, PL. 32277
(Use attachment if necessa	ry)
	ner than the date of filing: 10/12/06 (OPTIONAL)
ARTICLE V: Effective date, if oth	
(II an enective date is listed, the date of the date o	ate must be specific and cannot be more than five business days prior
to or 90 days after the date of filin	g. <i>)</i>
REQUIRED SIGNATUR	15:
<del></del>	Much Ch
Signature	of a member or an authorized representative of a member.
(In accord	ance with section 608.408(3), Florida Statutes, the execution
of this doc	rument constitutes an affirmation under the penalties of perjury ASS S
the the	Parrinder Terry 500
<del></del>	Typed or printed name of signee
	Typos or printed name or signee
Filing Fees:	
prakao min	cles of Organization and Designation  ortional)
\$125.00 Filing Fee for Arti of Registered Age	cles of Organization and Designation
\$ 30.00 Certified Copy (O	ntional)
\$ 5.00 Certificate of State	us (Optional)