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(Re	equestor's Name)	
•	•	
(Ad	ldress)	
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(Cit	ty/State/Zip/Phone	o #1)
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PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	
Certified Copies	Certificates	s of Status
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Special Instructions to	Filing Officer:	

Office Use Only



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SECRETARY OF STATE OF CORPORATIONS OF NOV 20 PM 2: 41

J. BRYAN NUV 2 1 2006

COVER LETTER

TO:	Registration Section Division of Corporations		•
SUBJ	ECT: Kraa TripleN LLC (Name of Limited Lia	bility Company) ;	1
The en	closed Articles of Organization and fee(s) are submi	tted for filing.	
Please	return all correspondence concerning this matter to	he following:	
	Gary Bahadur / Trustee	of Person)	
	Kraa TripleN LLC		
		Company)	
	7600 Collins Ave, Suite 1013		06 NOV 20 PM 2: 41
	(A	ddress)	ON O
	Miami Beach, FL 33141		20 8
	(City/State	and Zip Code)	* * * * * * * * * * * * * * * * * * *
For fu	ther information concerning this matter, please call:	•	Ξ
Gary		917) 5687917	
	(Name of Person)	(Area Code & Daytime Telep	phone Number)
Enclo	sed is a check for the following amount:		
\$12	Certificate of Status Ce	ditional copy is enclosed)	3160.00 Filing Fee, Certificate of Status & Certified Copy additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	rcle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
The name of the Elimited Elability Company is.	
Kraa TripleN LLC	
(Must end with the words "Limited Liability Company, "Limited	Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address:	·
The mailing address and street address of the prin	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7600 Collins Ave, Suite 1013	7600 Collins Ave, Suite 1013
Miami Beach, FL 33141	Miami Beach, FL 33141
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the re	red Agent. You must designate an individual or another Rose
Gary Bahadur	
Name	0.
7600 Collins Ave, Suite 1013	3
Florida street addr	ess (P.O. Box <u>NOT</u> acceptable)
Miami Beach	FL 33141
. City, State, an	d Zip
17	ti of fourth a phone stated limited

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 (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:

Mgrm	Gary Rajendra Bahadur and Padmini Pandya Revocable Living Trust 7600 Collins Ave #1013, Miami Beach FL 33141
MERM	Gary Bahadur 7600 collin and #1013 Minni Beach FZ 33141
MGRM	Padmini Pandya 7600 (ollin) Que #1013 Miami Beach FC 3314/ 8
<u> </u>	Miami Beach FC 3314/ 8
(Use attachment if necessary)	7
	e date of filing: (OPTIONAL be specific and cannot be more than five business days

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.)

Gary Bahadur Apped or printed 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)