

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.

(((H07000028310 3)))



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

To:

Division of Corporations

Fax Number

: (850)205-0383

From:

Account Name

: EXPRESS CORPORATE FILING SERVICE INC.

Account Number :

120000000146

Phone

: (305) 444-4994

Fax Number

: (305) 444-4977

ORIDA/FOREIGN LIMITED LIABILITY CO.

K-MAN INTERNATIONAL, LLC

Certificate of Status	0
Certified Copy	1
Page Count	. 03
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLE 1 - Name:

Feb 01 2007 2:04

(((H07000028310)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liab	ility Company is:		
K-Men International, LLC			<u> </u>
(Must end with the words "Limited Link	Ility Company, "Limite	d Company" or their abbreviation "T, L.C." or "	<u>с.,</u> ")
ARTICLE II - Address: The mailing address and street	address of the pri	ncipal office of the Limited Liahili	ty Company is:
Principal Office Address:		Mailing Address:	
14959 SW 20 Torr	· · · · · · · · · · · · · · · · · · ·	14959 SW 20 Terr	equation meetings have
MIBITI, FL 30 1 CO	- contract	(Mails, FC 33109	The second second
ARTICLE III - Registered A (The Limited Limitity Company country business entity with an active Florida n	serve as its own Registe	Office, & Registered Agent's Sig and Agent. You must designate an individual of	natura:
The name and the Florida street	et address of the re	gistered agent are:	
	FLOR STA		
·	3: 39 STATE LORIDA		
	Miami	FL 33185	<u> </u>
	City, State, as	nd 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..

(CONTINUED) Page 1 of 2

(((H07000028310)))

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows:

	Title: "MGR" = Manag				Name a	nd Addr	<u>ess:</u>				
٠	"MGRM" = Man		dember		•						
	MGRM				Kin Man L	am Chiu					
		_			14959 8W	20 Terr					
•					Miami, FL	33185					
	MGR				lok Chan i	Cuan					
	WC11	- .			14959 SW						
	-		•		Mami, FL						
			-	-							
						 	·				,
	`	•									
	and the second s	•••									
	1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1 1					·	- 143824 	· 1			***
		_ - .	•					١.			
,	· · · · ·		٠, ٠	• *					<u> </u>		
• • •		_		•				t		.1 *	
•	(Use attachment i	f neces	sary)		•						
(If an e	CLE V: Effective deflective date is list of days after the days	ed, the	date m	n the date ust be spe	e of filing: ecific and	cannot b	e more t	han five t	(OPTIO) Pasiness d		C 7.4
	REQUIRED SIG	NATU	RE:						IA!	. SE	
				11	/ /		7		P	7FI	errandario E
	•	Signaluf	o of a case	ther of an a	estharted ev	· ·	af a manh	.	· HA	EB-	o B
		of this d	ocument	ith section constitutes ated bersin	608.408(3), an affirmat are true.)	Florida St	atules, the the penaltic	execution ts of perjury		<u> </u>	
					Kin Men Len				0R	S 4 5 5 6 5 6 6 6 6 6 6 6 6 6 6 6 6 6 6 6	The state of the s
				Typed o	r printed no	nte of sign	Pe		ORIDA	39 TF	_
	Filing Fees						•				

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 38.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)