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SECRETARY OF STATE

SECRETARY OF STATE

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COVER LETTER

TO: Registration Section Division of Corporations						
SUBJECT: BMK Investments LLC (Name of Limited Liability Company)						
The enclosed Articles of Organization and fee(s) are submitted for filing.						
Please return all correspondence concerning this matter to the following:						
Elliot S. Koonk						
(Name of Person)						
KOONK GROUP Klary						
1999 Glades Road Sufe 103						
Borg Raxon, FD 33431						
(City/State and Zip Code)						
For further information concerning this matter, please call:						
Ellot S. Hoolk at Sol 393-99778 AS (Area Code & Daytime Telephone Number) ASS 3	· ;					
Enclosed is a check for the following amount:	Ţ					
\$125.00 Filing Fee \$\bigcup \\$130.00 Filing Fee & Certificate of Status \$\bigcup \\$ Certified Copy (additional copy is enclosed) \$\bigcup \\$ Certified Copy (additional copy is enclosed)	,					
Mailing Address Street/Courier Address						

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

<u>Title:</u> "MGR" = Manage	er .	Name and Address:		
"MGRM" = Mana		Elliot S. Koolik 3003 Harmgton DRIVE Boca Piccron, Fr. 334	96	
	_			
	_			
(Use attachment i	f necessary)			
•		date of filing: (C	PTIONAL)	
CLE V: Effective deffective deffective date is list	ted, the date must be	e specific and earmot be more than five bus	iness days pri	or
ICLE V: Effective d	ted, the date must be te of filing.)	specific and earmot be more than five bus	iness days pri 2007 A SECR TALLA	or
CLE V: Effective deffective deffective date is list 90 days after the da	ted, the date must be the of filing.) GNATURE: Signature of a mentos (In accordance with sec	For an authorized representative of a member. tion 608.408(3), Florida Statutes, the execution tutes an affirmation under the penalties of perjury	iness days pri SECRETARY OF STA TALLAHASSEE, FLOR	or

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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

BMK Investments, 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 principal office of the Limited Liability Company is:

rincipal Office Address:	Mailing Address:
2499 Blades Poad #103	2499 Glades Pogo
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	·

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Name

Name

Name

Name

Name

Noud Sulk 103

Florida street address (P.O. Box NOT acceptable)

Bocg Latov FL 3343/

City, State, and 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 (REQUIRED)

(CONTINUED)
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