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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	of Status
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## **COVER LETTER**

TO: Registration Se Division of Co				
SUBJECT: KO	Name of Limite	NT GROUP L d Liability Company)	LC	
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
	Amin	E EL-KHOURY Name of Person)		
		Firm/Company)		<del></del>
	1715 AVENI	DA DEL SOL (Address)		07 JI
	BOCA RATO	State and Zip Code)		1 JUN 28 PM
For further information	concerning this matter, please	call:		B PH 3: 16
AMING (Name	L- KNOURY of Person)	at ( 661 ) 674 (Area Code & Daytime To	7494 elephone Number)	
Enclosed is a check for	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 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 Addres Registration Section Division of Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:** 

The name of the Limited Liability Company is:

Must end with the words "Limited Liability Company, "Limited	d 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 Comp	any	is:
Principal Office Address:	Mailing Address:		
DOCA RATON, FL, 33432	6850 NW 2nd Ave #34 Box A Radon, FL, 33487		
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registations business entity with an active Florida registration.)	ered Agent. You must designate an individual or another	07 JUN 28	SECRETARY DIVISION OF C
The name and the Florida street address of the re	egistered agent are:	P	- 68 - 68 - 68 - 68 - 68 - 68 - 68 - 68
AMINE EL-KUO Name	URY	ယ္ —	SIAI (
6850 NW 2 <sup>40</sup> AU	» #b 3.4	σ	SNS

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..

City, State, and Zip

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

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:

<u>Title:</u> "MGR" = Manager	Name and Address:		
"MGRM" = Managing Member  AMINE EL-KNOURY	MGR	·	
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		07 JI	OISTAID 1238
<del></del>		07 JUN 28 PM	H OF COR
		М 3: 16 ——	SIAITONS
(Use attachment if necessary)			J.
ARTICLE V: Effective date, if other than the If an effective date is listed, the date must be or 90 days after the date of filing.)	e date of filing: (OP)  be specific and cannot be more than five busine	ΓΙΟΝΑL ess days	) prior
REQUIRED SIGNATURE:	owe		
	er or an authorized representative of a member.		
(In accommnce with se	ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury		
_AMINE T	FL-KIOURY /ped or printed name of signee		
Wiine Flage			

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)