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Florida Department of State  
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To: Division of Corporations  
Fax Number : (850) 617-6383

From: Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
Fax Number : (305) 633-9696

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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FLORIDA/FOREIGN LIMITED LIABILITY CO.

kaco afe, llc

Certificate of Status	0
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ARTICLES OF ORGANIZATION FOR KACO AFE, LLC

ARTICLE I - Name:

The name of the Limited Liability Company is: Kaco AFE, LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is: 60 NE 39, Street, Miami, Florida 33137.

ARTICLE III -

Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

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, Florida Statutes.

  
Registered Agent's Signature

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Article IV - Manager(s) or Managing Member(s)

The name and address of each Manager or Managing Member is as follows:

Title:	Name and Address:
<u>Manager/Member</u>	<u>Karen J. Cohen</u>
	<u>60 NE 39 Street</u>
	<u>Miami, Florida 33137</u>

Samuel Spencer Blum

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE (305) 554-1885 TELEFAX (305) 554-3214  
EMAIL: sblum@samblum.com

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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.)

Karen J. Cohen

Typed or printed name of signer

FILING FEES:  
\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

SSB/nbf  
21 Leominster Street, Lowell, MA 01854

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**Samuel Spencer Blum**

ATTORNEY AT LAW

8888 TIGERTRAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33138 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314  
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