

### Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number : (850)617-6383

from:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 : (305)634-3694 Phone : (305)633-9696 Fax Number

# FLORIDA/FOREIGN LIMITED LIABILITY C

kaco afe, ilc

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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 Tigartail 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 accept this capacity. I further agree to comply with the provisions of all significant relating to the proper and complete performance of my duties, and I am fightiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, Flarida Statutes.

Registered Agent's Signature

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:

Manager/Member

Karen J. Cohen 60 NE 39 Street

Miami, Florida 33137

Samuel Spencer Blum

ATTORNEY AT LAW

EARS TIGERTAN, ANCHUR, SUITE 106 COCONUT SPOVE, FLORIDA 5.519.3 TELEPHONIC (303) \$544-1865 TELEPHO (305) \$54-3314 CHARL; SAIT & CHARL; SAIT &

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Signature member authorized representative member.

(In accordance with Section 608.408(3), Plorida 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 signae

- \$ 100.00 Filing Fee for Articles of Organization
- \$ 25,00 Designation of Registered Agent
- \$ 30.00 Contilled Copy (OPTIONAL)
- \$ 5.00 Certificate of Status (OPTIONAL)

538/nbf

# Samuel Sponger Blum

BEGGE TIGERTAL AMERICE, ENTRE 108 COCONUT GROVE, FLORIDA 33138 - ISLEMMONE: (300) 654-(866 TELEFAK (304) 654-2314