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SECRETARY OF STATE

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EXAMINER

## **COVER LETTER**

Division of Corpo	rations		·	·
SUBJECT: Kartshiel	(Name of Limited	1 Liability Compa	any)	<del></del>
. The enclosed Articles of Or	ganization and fee(s) are s	ıbmitted for filin	<b>j</b> .	
Please return all correspond	ence concerning this matte	r to the following	,• •	
Thomas Rud	den			
	(1	Name of Person)		
Kartshields,	LLC			
•	(1	Firm/Company)		
14625 SW 1	48 Court	,		SECR VALLA
•	, , , , , , , , , , , , , , , , , , ,	(Address)		AR J
Miami, Floric	la 33196			-9 P
	(City/	State and Zip Code	)	, , , , , , , , , , , , , , , , , , ,
For further information cond	erning this matter, please	cali:	į	1: 55 TATE ORIDA
Thomas Rudden		at ( 305	259-7049	
(Name of F	erson)	(Arca Cod	e & Daytime Telephone	e Number)
Enclosed is a check for th	e following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & [ Certificate of Status	\$155,00 Filin Certified Co (additional cop	py Cer y is enclosed) Cer	60.00 Filing Fee, rtificate of Status & rtified Copy ditional copy is enclosed)
R D P	Aniling Address Legistration Section Division of Corporations LO. Box 6327 Callahassee, FL 32314	Registrate Division Clifton E 2661 Exc	ourier Address ion Section of Corporations duilding ecutive Center Circle see, FL 32301	

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kartshields, LLC	
(Must end with the words "Limited Liabili	ty Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
14625 SW 148 Court	14625 SW 148 Court
Miami, Florida 33196	Miami, Florida 33196
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the re  Thomas Rudden  Name	ered Agent. You must designate an individual or another
14625 SW 148 Cour	
	ress (P.O. Box NOT acceptable)
Miami, Florida 33196	DA 55
City, State, a	18
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per	accept service of process for the above stated limited his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

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:	
"MGR" = Manager "MGRM" = Managing N	dember	
MOMM - Managing I	icinoci	
MGR	Ruben A. Aboy	
	1941 SW 63 Court	
	Miami, FI 33155	
MGR	Jorge Newport-Jones	
	13350 SW 78 Court	
	Miami, Florida 33156	
MGR	Thomas Rudden  14625 SW 148 Court	T
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·		
	<del></del>	
(If an effective date is listed, the	other than the date of filing: (OPTIO)  date must be specific and cannot be more than five business of	
to or 90 days after the date of file.	ing.)	
REQUIRED SIGNATION	JRE:	
Signatu	re of a member or an authorized representative of a member.	
of this	hordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury the facts stated herein are true.  Typed or printed name of signee	
	1) ped of printed maine of signer	

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)