

Division of Corporations Public Access System

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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

FLORIDA/FOREIGN LIMITED LIABILITY CO.

RECEIVED

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SECHEIVES STATE
ALLAHASSEE FLORIDA

J.A.J.K.D., ENTERPRISES, L.L.C.

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ARTICLES OF ORGANIZATION OF LIMITED LIABILITY COMPANY

The undersigned, being authorized to execute and file these Articles, hereby certifies that:

ARTICLE I --- Name:

The name of the Limited Liability Company is: J.A.J.K.D., ENTERPRISES, L.L.C.

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

6177 Miami Lakes Dr. E. Miami Lakes, FL 33014

ARTICLE III - Registered Agent and Registered Office

The name and the Florida street address of the initial registered agent is:

Julio A. Rodriguez, Esq., P.A. 6177 Miami Lakes Dr. E. Miami Lakes, FL 33014

ARTICLE IV - Managers(s) or Managing Member(s):

Angelina I. Rodriguez, 6177 Miami Lakes Dr. E., Miami Lakes, FL 33014

Manager

Signature of authorized representative

(In accordance with section 608.408(3), Florida Statutes, the execution of this certificate constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Typed or printed name of signee

STATEMENT ACCEPTING APPOINTMENT AS REGISTERED AGENT

I hereby accept the designation as registered agent to accept service of process for the above stated limited liability company at the place designated in this statement. I am familiar with and accept the obligations of my position as registered agent under Chapter 608, Florida Statutes.

(In accordance with section 608.408(3), Florida Statutes, the execution of this statement constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Signature of Registered Agent

Julio A. Rodriguez
Typed or printed name of signee

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