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SECRETARY OF STATE ALLAHASSEE, FLORIDA

FILED

COVER LETTER

| TO: Registration Section Division of Corporations | | | | |
|---|---|--|--|--|
| SUBJECT: Katonio Alex E | Enterprises LLC | | | |
| | lorida Limited Company) | | | |
| The enclosed Certificate of Conversion, Articonvert an "Other Business Entity" into a "Faccordance with s. 608.439, F.S. | cles of Organization, and fees are submitted to lorida Limited Liability Company" in | | | |
| Please return all correspondence concerning | this matter to: | | | |
| Kathleen Alexander (Contact Person) Katonio Alex Enterprises L (Firm/Company) | OF C | | | |
| 20120 NW 12th Avenue (Address) | | | | |
| Miami, Florida 33169 (City, State and Zip Code) | 29 IIDA | | | |
| For further information concerning this matter, please call: | | | | |
| (Name of Contact Person) | at (786) 8976752 (Area Code and Daytime Telephone Number) | | | |
| Enclosed is a check for the following amoun | • | | | |
| \$150.00 Filing Fees \$155.00 Filing Fees (\$25 for Conversion & \$125 for Articles of Organization) | \$180.00 Filing Fees and Certified Copy Certificate of Status | | | |
| STREET ADDRESS: Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301 | MAILING ADDRESS: Registration Section Division of Corporations P. O. Box 6327 Tallahassee, FL 32314 | | | |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Katonio Alex Enterprises LLC.

(Must end with the words "Limited Liability Company," the abbreviation "L.L.C.," or the designation "LLC.")

ARTICLE II - Address:

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

| Principal Office A | <u>ddress:</u> | Mailing Addres | <u>is:</u> | |
|---|---|-------------------------------|------------------------------|---|
| 20120 NW 12th | Avenue | 20120 NW 12th Av | e., 7, | |
| Miami, Florida 3 | 3169 | Miami, Florida 33 | 169年四日 | |
| | | | AR 5 | - |
| Signature: (The Limited Liability Coindividual or another business entity with an a | egistered Agent, Registompany cannot serve as its own active Florida registration.) Florida street address of | Registered Agent. You must de | P 2: 29 OF STATE E. FRORIDA | |
| | Kathlee | n Alexander | | |
| | 20120 NV | ^{Jame} th Ave., | , | |
| | Florida street address (| P.O. Box NOT accepta | ıble) | |
| | Mlami, Florida 33169 | FL | | |
| P | City, | State, and Zip | , | |

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

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:

| Title: | | Name and Address: | | |
|-------------------------------|--|---|-----------------------|--------------|
| "MGR" = Manaş "MGRM" = Mar | | | | |
| MGMR | | Kathleen Alexander | - | |
| | | 20120 NW 12th Avenue | | |
| | | Miami, Florida 33169 | | • |
| MGR | | Antonio Alexander | 201 SE TAL | |
| | | 20120 NW 12th Avenue | AZ . | and the same |
| | | Miami, Florida 33169 | HE JAN | 11 |
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| (Use attachment | if necessary) | | | |
| ARTICLE V: Effective | date, if other than the d | late of filing: 01/28/08 | . (OPTIONA | AL) |
| | | specific and cannot be more than | | , |
| to or 90 days after the d | | | · | . <u>-</u> |
| - | | | | |
| | | | | |
| <u>REQUIRED</u> SI | GNATURE: | | | |
| | ATDI/ | | | |
| | A The same | | | |
| | Signature of a member | or an authorized representative of a | member | |
| | • | • | | |
| | (In accordance with secti of this document constitu- that the facts stated her | ion 608.408(3), Florida Statutes, the executes an affirmation under the penalties o | ecution of perjury | |
| | mat the facts stated her | iem are nue.) | | |
| | HINTONIC | Hexander | | |
| | Туре | ed or printed name of signee | | |

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)