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COVER LETTER

TO: Registration Sec Division of Corp				
SUBJECT:	S X S₹ (Name of Limited L	ERVICES iability Company)	4C	
The enclosed Articles of 0	Organization and fee(s) are subn	nitted for filing.		
Please return all correspon	ndence concerning this matter to	the following:		
KLING	SHICEUSK!	Kosrovsk ne of Person)	r	
K.S. K	(SERVICE	L.L.C		
••••	(Fin	m/Company)		
1335-	JACKSON ST.	,		
	- (Address)		
Hopeya	003 R.	330/9 ste and Zip Code)	,	
	(City/Sta	ite and Zip Code)	700	80
For further information co	oncerning this matter, please call	1:	AECAE AF	FILE 08 MAR 12
KLIME S	KosTovskat	954, 901	<u> </u>	12 P
(Name o	f Person)	(Area Code & Daytime Tele	phone Number) 二六	<u></u>
Enclosed is a check for	the following amount:		OR OF THE	1 5
\$125.00 Filing Fee	Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fe Certificate of Stat Certified Copy (additional copy is er	tus &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C Tallahassee, FL 32301		



FLORIDA DEPARTMENT OF STATE Division of Corporations

February 29, 2008

KLIMS SMICEVSKI KOSTOVSKI 1335 JACKSON ST. HOLLYWOOD, FL 33019

SUBJECT: K.S.K. SERVICES LLC Ref. Number: W08000010747

We have received your document for K.S.K. SERVICES LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. Adding of Florida or Florida to the end of the name is not acceptable. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words Limited Liability Company, the abbreviation L.L.C., or the designation LLC. The word Limited may be abbreviated as Ltd. and the word Company may be abbreviated as Co. The following suffixes are no longer acceptable: Limited Company, L.C., and LC.

The document number of the name conflict is F04000004901.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6097.

Marsha Thomas Regulatory Specialist II 08 MAR 12 PH 1: 10

Division of Corporations - P.O. BOX 6327 - Tallahassee, Florida 32314

Letter Number: 808A00012806

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

AR	TI	ICI	LE I	[-	Na	me:
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The name of the Limited Liability Company is:

ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is: Mailing Address: **Principal Office Address:**

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

The name and the Florida street address of the registered agent are:

LIME SWICENSK' KOSTONSK'

1335 JACKSON S.F. HOLLYWOOD R.330/7
Florida street address (P.O. Box NOT acceptable)

#OLLYWOOD FL 33-14

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 berformance of my duties, and I am familiar with and accept the obligations of my position description agent as provided for in Chapter 608, F.S..

Registered Agent's Signature (REQUIRED)

The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days) to or 90 days after the date of filing.) **REQUIRED SIGNATURE:** 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

Typed 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)

that the facts stated herein are true.)

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