

L08060075015

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

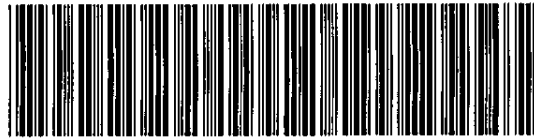
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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08 AUG - 5 PM 4:43  
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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

B. KOHR

AUG - 6 2008

EXAMINER

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 08/05/2008

REF. #: 000409.90685

CORP. NAME: KBP, LLC

FILED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 527061 FOR \$ 155.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
KBP, LLC**

**ARTICLE I: - Name**

The name of the Limited Liability Company is KBP, LLC

**ARTICLE II: - Address**

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

220 Zoe Way  
Miami Beach, Florida 33141

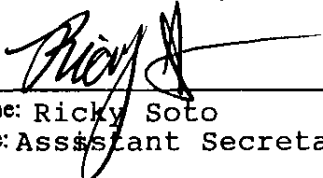
**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301

*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 Chapter 608, F.S.*

CORPDIRECT AGENTS, INC.

By:   
Name: Ricky Soto  
Title: Assistant Secretary

**ARTICLE IV: - Management**

☒ The Limited Liability Company is to be managed by one Member or more Members and is, therefore, a member - managed company.

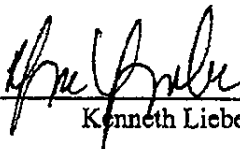
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**ARTICLE V: - Manager(s) or Managing Member(s)**

The name and address of each Managing Member is as follows:

MGRM                      Peter Hawrylewicz  
                                 220 Zoe Way  
                                 Miami Beach, FL 33141

MGRM                      Kenneth Lieber  
                                 220 Zoe Way  
                                 Miami Beach, FL 33141

 8/5/08  
\_\_\_\_\_  
Kenneth Lieber, Member

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

\_\_\_\_\_  
Kenneth Lieber  
Typed or printed name of signee