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Fax Number : (850) 617-6383

From:

Account Name : FRANCIS X. CASTRO, P.A.
Account Number : I20020000153
Phone : (954) 922-0505
Fax Number : (954) 922-4674

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

McKing, LLC

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FRANCIS X. CASTORO, P.A.

5300 North Federal Highway
Fort Lauderdale, Florida 33308
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fcastoro@bellsouth.net

Florida Bar
New York Bar

May 18, 2009

Attn: ELECTRONIC FILING / FACSIMILE SECTION
FLORIDA DEPARTMENT OF STATE
P. O. Box 6327
Tallahassee, Florida 32314

FAX NUMBER: : PAGE SENT: 3

RE: FORMATION OF LIMITED LIABILITY COMPANY

ACCOUNT NUMBER: 120020000153
LLC BEING FORMED: McKING, LLC

Dear Ms. Secretary:

Enclosed also please:

- A. ARTICLES OF ORGANIZATION
- B. DESIGNATION OF REGISTERED AGENT

BILLING: Please charge the Filing Fee to the above-noted Account.

After filing, please forward the CERTIFICATE representing the filing of the above LLC to:

FRANCIS X. CASTORO, ESQ.
FRANCIS X. CASTORO, P.A.
5300 N. FEDERAL HIGHWAY
FORT LAUDERDALE, FLORIDA 33308

If you have any comments or questions, please do not hesitate to contact my office.

Sincerely,

Frank Castoro, Esq.

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**ARTICLES OF ORGANIZATION
FOR
McKING, LLC**

ARTICLE I - NAME

The name of the Limited Liability Company is: **McKING, LLC** a Florida Limited Liability Company.

ARTICLE II - ADDRESS

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

**1990 E. SUNRISE BOULEVARD, 2ND FL
FORT LAUDERDALE, FLORIDA 33304**

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ARTICLE III - EFFECTIVE DATE / DURATION

The Effective Date of this filing is: **MAY 18, 2009**. The period of duration for the Limited Liability Company shall be: **PERPETUAL**.

ARTICLE IV - SINGLE MEMBERSHIP

This is a single member Limited Liability Company LLC. The sole member is:

ARLENE CASTELLANO REVOCABLE TRUST ORIGINALLY DATED OCTOBER 17, 1995

**1990 E. SUNRISE BOULEVARD, 2ND FL
FORT LAUDERDALE, FLORIDA 33304**

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ARTICLE V - NO ADMISSION OF ADDITIONAL MEMBERS

This is a single member Limited Liability Company. There will not be any other persons or entities admitted to be a member.

ARTICLE VI - MANAGEMENT

The Limited Liability Company is to be managed by the Manager. The name and address of the Manager is:

**JOSEPH CASTELLANO
1990 E. SUNRUSE BOULEVARD, 2ND FLOOR
FORT LAUDERDALE, FLORIDA 33304**



Signature of authorized representative of Member.

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

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ACKNOWLEDGED AND AUTHORIZED:



**JOSEPH CASTELLANO
MANAGER**

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**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is: **McKING, LLC**
2. The name and address of the Registered Agent and office is:

**JOSEPH CASTELLANO
1990 E. SUNRISE BOULARD, 2ND FLOOR
FORT LAUDERDALE, FLORIDA 33304**

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.


BY: **JOSEPH CASTELLANO**

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