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To:

Division of Corporations

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From:

Account Name : FRANCIS X. CASTORO, P.A.

Account Number : I20020000153

Phone : (954) 922-0505

Fax Number

: (954) 922-4674

ORIDA/FOREIGN LIMITED LIABILITY CO.

McKing, LLC

Certificate of Status	1	
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FRANCIS X. CASTORO, P.A.

5300 North Federal Highway
Fort Lauderdale, Florida 33308
Tel: 954-922-0505
Fax: 954-771-4537
fcastoro@bellsouth.net

Florida Bar New York B ir

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 filling, please forward the CERTIFICATE representing the filir g 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

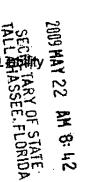
ARTICLE I - NAME

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 I Company is:

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



ARTICLE III - EFFECTIVE DATE / DURAT ON

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 OCTOBEF 17, 1995 1990 E. SUNRISE BOUELVARD, 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, 2 ND FLOOR FORT LAUDERDALE, FLORIDA 33304	J . 23	
Wash lastellaur	SECRETA	1
Signature of authorized representative of Member.	22 A ARY O ASSEE	T
In accordance with section 609.408(3), Florida Statutes, the execution of this constitutes an affirmation under the penalties of perjury that the facts stated true.	instrument here	- James

ACKNOWLEDGED AND AUTHORIZED:

JOSEPH CASTELLANO

MANAGER

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CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OF FICE

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 REGIS ERED 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. It enably accept the appointment as Registered Agent and agree to act in this capacity. It urther 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

2009 HAY 22 AM 8: 42 SECRETARY OF STATE