## Florida Department of Star School Star Star School Sta

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To:

Division of Corporations

Fax Number

: (850)617-6383

From

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number: 072450003255 Phone: (305)634-3694

Fax Number : (305)633-9696

\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. \*\*

<b>E</b> mnil	Address:			

## FLORIDA/FOREIGN LIMITED LIABILITY CO. SUSHI MAKI KENDALL MARKETPLACE, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

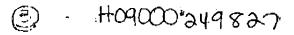
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EXAMINER

12/1/2009 99:II 600Z/I0/ZI



## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	:				
Sushi Maki Kendall M (Must end with the words "Limited Linbi					
ARTICLE II - Address: The mailing address and street address of the pr	rincipal office of the Limited Liability Comp	any i	§:		
Principal Office Address:	Mailing Address:				
8005 NW 90 STREET MEDLEY, FLORIDA 33166	SAME				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)			DIN		
The name and the Florida street address of the registered agent are:					
ABE NG					
Name					
8005 NW 90 Florida atroct address (P.O.	AM 8:	YOFFOX S AO Y OHJ			
MEDLEY, 33166 City, State, a	nd Zip	:5	ATION		

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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" = Manager "MGRM" = Managing Member							
MGRM	ABE NG						
	MEDIEY FLORIDA 33166						
MGRM	BETTY NG						
	MEDLEY, FLORIDA 33166						
MGRM	ALLAN NG						
	MEDI EY, FLORIDA 33166						
MGRM	IVA NG						
	MEDI EY, EL ORIDA 33166						
(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 prior 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 of this document constitute that the facts stated herein a	608.408(3), Florida Statutes, the execution is an affirmation under the penalties of penjury re true.)						
ABE NG							
Typed of Filing Fees:	or printed name of signee						
\$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ion and Designation						

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