

# U10000033431

Florida Department of State  
Division of Corporations  
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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.\*\***

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TALLAHASSEE, FLORIDA

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**FLORIDA LIMITED LIABILITY CO.**

**jk design consulting, llc.**

Certificate of Status	0
Certified Copy	1
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ARTICLES OF ORGANIZATION FOR  
JK DESIGN CONSULTING, LLC.

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

**JK DESIGN CONSULTING, LLC.**

(Must end with the words "Limited Liability Company," "Limited Company" or their abbreviation "LLC," or "L.C.,")

**ARTICLE II - Address:**

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

**Principal Office Address:**

782 NW LeJeune Rd, Suite 3  
Miami, Florida 33126

**Mailing Address:**

782 NW LeJeune Rd, Suite 3  
Miami, Florida 33126

**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 is:

Name:

**Jorge Kasabdjji**

Florida street address (P.O. Box NOT acceptable):

**782 NW LeJeune Rd, Suite 3**

City, State, and Zip:

**Miami, Florida 33126**

*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, FS.*

Registered Agent's Signature (REQUIRED)



Jorge Kasabdjji

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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:

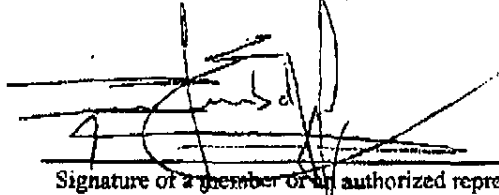
Jorge Kasabdjii, Manager

782 NW LeJeune Rd. Suite 3  
Miami, Florida 33126

ARTICLE V: Effective date, if other than the date of filing:

N/A (OPTIONAL)

(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.)




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 that the facts stated herein are true.

Jorge Kasabdjii

Typed or printed name of signee



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TALLAHASSEE, FLORIDA

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Prepared by:  
Roberto F. Fleitas, Jr.,  
782 NW Le Jeune Rd., # 530  
Miami, Florida 33126  
(305) 442-1439

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