## L1000064660

(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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EFFECTIVE DATE 6 15 20 10

B. KOHR

JUN 1 8 2010

EXAMINER

SECRETARY OF STATE
SIVISION OF CORPORATIONS

10 HIN IS ANH: 474

## **COVER LETTER**

	Registration Section Division of Corporations	ited Liability Company
		ned Elability Company
The enclos	sed Articles of Organization and fee(s) are	e submitted for filing.
Please reti	urn all correspondence concerning this ma	e submitted for filing.  atter to the following FFECTIVE DATE 6 15 20 10
_	Karim P	Name of Person
_		Firm/Company
_	7244 Fisher	Tsland Dr. Address  FL 33/09  Otty/State and Zip Code
_	Fisher Island	FL 33/09 ity/State and Zip Code
		1 for future annual report notification)
	r information concerning this matter, plea	
	Efren Ales Name of Person	at ( 305 ) 90 4. 63/3 Area Code & Daytime Telephone Number
Enclosed	is a check for the following amount:	
□\$125.00	Filing Fee \$\frac{1}{2}\$\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & □ \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) □ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABIL	ITY COMPÁRY
ARTICLE I - Name: The name of the Limited Liability Company is:	MII.
KM2 U.C.	

## **ARTICLE II - Address:**

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

Principal Office Address:	Mailing Address:
7244 Fisher Island Dr.	Fisher Island Dr.
Fisher Island, FL 93109	Fisher Island, FL 33109

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

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 are:

Karim Maskotiya
Name
Tryly Fisher Island Dr Florida street address (P.O. Box NOT acceptable)
Fisher Island FL 33/09 City, State, and Zip
City, build, and Zip

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)
Page 1 of 2

## ARTICLE IV- Manager(s) or Managing Member(s):

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

<u>Title:</u> "MGR" = Manager	Name and Address:
"MGRM" = Managing Member <u>MGRM</u>	Karim Maskatiya 7244 Pishw Island Dr. Fisher Island, FL 33109
<del></del>	
(Use attachment if necessary)  ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must I to or 90 days after the date of filing.)	e date of filing: (OPTIONAL)  be specific and cannot be more than five business days prio
(In accordance with se	per or an authorized representative of a member ection 608.408(3), Florida Statutes, the execution titutes an affirmation under the penalties of perjury erein are true.)
that the facts stated he	erein are true.)  17/19  18/19/19/19/19/19/19/19/19/19/19/19/19/19/

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)