Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H10000194785 3)))



H100001947853ABC2

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)220-1440

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

Email Address:

RECEIVED
O AUG 31 PH 4: 15
ECRETARY OF STATE

## FLORIDA LIMITED LIABILITY CO. KILAUEA MANAGEMENT, LLC

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

DIVISION OF CORPORATION

10 AUG 31 AN 7: RC

Electronic Filing Menu

Corporate Filing Menu

T. HAMPTON SEP - 1 2010

EXAMINER PM

# H 1 0 0 0 0 1 9 4 7 8 5 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:

# Kilauea Management, LLC

ARTICLE II - Address:

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

## Principal Office Address:

Mailing Address:

7041 S.W. 154th Court, Miami, FL, 33193.

7041 S.W. 154<sup>th</sup> Court Miami, FL, 33193

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

#### ALEJANDRA ALVARADO

7041 S.W. 154th Court Miami, FL 33193

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..

ALEJANDRA ALVARADO

Ulfamba (Moarabe Registered Agent's Signature

(CONTINUED)
Page 1 of 2

H10000194785

SECRETARY OF STATE OF CORPORATIONS

# H10000194785

### 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:

**MGRM** 

ANGEL REINALDO BARON

**MGRM** 

**NOELIA COROMOTO ROJAS** 

MGR

ALEJANDRA ALVARADO

## REQUIRED SIGNATURE:

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.)

ANGEL REINALDO BARON

Typed or printed name of signee

SECRETARY OF STATE OF CORPORATIONS

Page 2 of 2