

# L10000102911

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  
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**FLORIDA LIMITED LIABILITY CO.  
5228 NW 5th Ave, LLC**

Certificate of Status	0
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EXAMINER

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

**5228 NW 5<sup>th</sup> AVE, LLC**

**ARTICLE I**

The name of the Limited Liability Company shall: 5228 NW 5<sup>th</sup> AVE, LLC

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the Act.

**ARTICLE III**

The principal office of the Limited Liability Company is: 1800 NE 114<sup>th</sup> STREET,  
#611, NORTH MIAMI, FL 33181

**ARTICLE IV**

The name of the Managing Member(s) and Members of this company shall be:

**Managing Member/Member**  
GARY L. KOENIG

**Managing Member/Member**  
JOHN KOENIG

**ARTICLE V**

The name and the Florida street address of the registered agent: GARY L. KOENIG,  
1800 NE 114<sup>th</sup> STREET, #611, NORTH MIAMI, FL 33181

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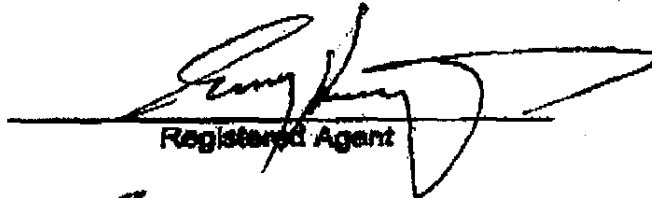
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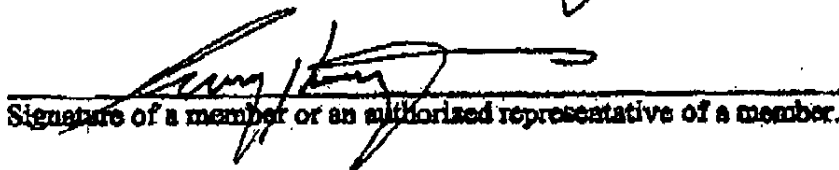
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**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

5228 NW 5TH AVE, LLC

Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, 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.

  
Registered Agent

  
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.)

GARY L. KOENIG

Typed or printed name of signer

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