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Division of Corporations

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Florida Department of State  
Division of Corporations  
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Division of Corporations  
Fax Number : (850) 617-6383

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Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
KINETIC INSTITUTE OF COMPLETE KNOWLEDGE LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

RECEIVED  
11 FEB 16 PM 3:57  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY****ARTICLE I - Name:**

The name of the Limited Liability Company is:

Kinetic Institute of Complete Knowledge LLC  
(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")**ARTICLE II - Address:**

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

**Principal Office Address:**220 NW 87 AV K218  
MIAMI, FL 33172**Mailing Address:**220 NW 87 AV K218  
MIAMI, FL 33172**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:

Leonar Caceres  
Name220 NW 87 AV K218  
Florida street address (P.O. Box NOT acceptable)  
MIAMI FL 33172  
City, State, and ZipFILED  
11 FEB 16 AM 10:27  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*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:**

"MGR" = Manager


"MGRM" = Managing Member

**Name and Address:**MGRMRicardo Caceres  
220NW 87th Av, Miami, FL 33172  
Apt # K218MGRBrian Bebley  
28437 Meadowrush Way  
Wesley Chapel, FL 33543MGRSandra Bebley  
28437 Meadowrush Way  
Wesley Chapel, FL 33543MGRLeonor Caceres  
220NW 87th Av, Miami, FL  
Apt # K218

(Use attachment if necessary)

**ARTICLE V: Effective date, if other than the date of filing: \_\_\_\_\_ (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.)

**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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

Leonor Caceres  
\_\_\_\_\_  
Typed or printed name of signer**Filing Fees:**

- \$125.00 Filing Fee for Articles of Organization and Designation  
of Registered Agent  
3 30.00 Certified Copy (Optional)  
3 5.00 Certificate of Status (Optional)

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