

Mar 23 2011 5:44PM

H110000035276

L110000035276

Florida Department of State
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.

(((H11000076767 3)))



H110000767673ABC2

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 : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800) 494-3124
Fax Number : (561) 455-9885

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

Email Address: _____

2011 MAR 23 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

RECEIVED
11 MAR 23 PM 2:12
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA LIMITED LIABILITY CO.
KIWI-3 LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

T. CLINE

MAR 24 2011

EXAMINER

H110000767673

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

In compliance with Chapter 608 and/or 621, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

KIWI-3 LLC

ARTICLE II ADDRESS

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

3501 N PONCE DE LEON BLVD UNIT 1
ST AUGUSTINE, FLORIDA 32084

**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE,
REGISTERED AGENT SIGNATURE**

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

KAMLESHKUMAR PATEL
1949 A1A S
ST AUGUSTINE, FLORIDA 32080

Having been named as registered agent 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.

x K.A.P.
KAMLESHKUMAR PATEL / Registered Agent's signature

2011 MAR 23 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FILED

H110000767673

H10000767673

PAGE 2

KIWI-3 LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more members and is, therefore, a Member Managed Company.

ARTICLE V MEMBERS (optional)

MANAGING MEMBER

KAMLESHKUMAR PATEL

5019 FALLEN TIMBER WAY

INDIAN HEAD, MARY LAND 20640

MANAGING MEMBER

JAVANIKABEN PATEL

5019 FALLEN TIMBER WAY

INDIAN HEAD, MARY LAND 20640

FILED
2011 MAR 23 AM 8:37
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

X



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.

KAMLESHKUMAR PATEL

H10000767673