

L11000070086

Division of Corporations
Electronic Filing Cover Sheet

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To:

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

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Email Address: _____

**FLORIDA LIMITED LIABILITY CO.
UNDER K LLC**

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

C. LEWIS

JUN 16 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

Jun. 15. 2011 2:03PM

H11000159673

No. 19861452

2011 JUN 15 PM 04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNDER K 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:

15941 NW 79TH COURT

MIAMI LAKES, FL 33016

Mailing Address:

15941 NW 79TH COURT

MIAMI LAKES, FL 33016

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:

JOEL FRAGA

Name

115 SW 11TH STREET APT 903

Florida street address (P.O. Box **NOT** acceptable)

MIAMI

FL 33130

City, State, 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

H11000159673

Jun. 15. 2011 2:03PM

No. 1986 P. 3
FILED

H11000159673

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

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

2011 JUN 15 PM 04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGR

JOEL FRAGA

115 SW 11TH STREET APT 903

MIAMI, FL 33130

MGRM

OTHMAN OTHMAN

15941 NW 78TH COURT

MIAMI LAKES, FL 33016

MGRM

ALEX GONZALEZ ESPINO

2233 CALAIS DR APT 33C

MIAMI BEACH, FL 33141

(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.)

JOEL FRAGA

Typed or printed name of signer

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)

Page 2 of 2

H11000159673