LI Out De ativat of the Division of Corporations

Electronic Filing Cover Sheet

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To:

Division of Corporations

Fax Number

: (850)617-6383

From:

Account Name : DORAL CORPORATE FILING SERVICE

Account Number : 120070000081 Phone : (305)436-0979 Fax Number : (305)592-5575

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

Email Address:

FLORIDA LIMITED LIABILITY CO. UNDER K LLC



Certificate of Status	0
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Estimated Charge	\$155.00

C. **LEWIS**JUN **1 6** 2011

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

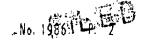
Help

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RX:OF STATE

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABI

ARTICLE I - Name:

The name of the Limited Liability Company is:

UNDER KILLC

(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:

Mailing Address:

15941 NW 79TH COURT

MIAMI LAKES, FL 33016

15941 NW 79TH COURT

MIAMITAKES, 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..

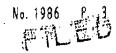
Signature (REQUIRED)

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<u>Title:</u>	Name and Address:	Nows: SECHETARY TALLAHASSI	ا دونها ي
"MGR" = M#nager "MGRM" = Managing Member			
MGR	JOEL FRAGA		
	115 SW 11TH STREET APT 90	13	
	MIAMI, FL 33130		
MGRM	OTHMAN OTHMAN		
	15941 NW 78TH COURT		
	MIAMILAKES, FL 33016		
MGRM	ALEX GONZALEZ ESPINO		
	2233 CALAIS DR APT 33C		
	MIAMI BEACH, FL 33141		
(Use attachment if necessary)			
LEV: Effective date, if other than th	e date of filing:	(OPTIO	NAL)
fective date is listed, the date must days after the date of filing.)	be specific and cannot be more th	ızn five business	iays p
REQUIRED SIGNATURE:			
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Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

JOEL FRAGA

- \$ 30.00 Certified Copy (Optional)
- 5 5.00 Certificate of Status (Optional)

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constitutes a third degree felony as provided for in 8.817.155, F.S.)

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I am aware that any false information submitted in a document to the Department of State

Typed or printed name of signee