

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.

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : LAZARUS CORPORATE FILING SERVICE,

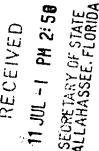
Account Number : 120000000019

Phone : (305)552-5973

Fax Number : (305)220-1440

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. KNOSSOS GROUP, LLC.

Certificate of Status 1
Certified Copy 0
Page Count 03

Estimated Charge \$130.00

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H11000172868

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
Must end with the words "Limited Liability Company, "LLC.," 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:
10325 SW 24 Street 6325 SW 24 Street miami, fl 33155.
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 analytic business entity with an active Florida registration.) The name and the Florida street address of the registered agent are: CHRISTINA GERMALOPOWOS Name
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)

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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:	Name and Address:
"MGR" = Manager "MGRM" = Managing Meml	ber
mgr	CHRISTINA GERMALOPOULOS 1250 S NIAMI AVE #2013 MIAMI, FI , 33130
mgr.	Sussette Pegalado 10325 CDrav Way Miami, Fl 33155
(Use attachment if necessary)
ICLE V: Effective date, if other effective date is listed, the date 90 days after the date of filing.	than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior)
REQUIRED SIGNATURE	SECRETARY OF THE PARTY OF THE P
Signature of	f a member or an authorized representative of a member.
constitutes an affirmation of the constitutes and affirmation of the constitutes are constituted as a second constitutes and affirmation of the constitutes are affirmation of the constitute of the constitutes are affirmation of the constitute of the	section 608.408(3), Florida Statutes, the execution of this document attion under the penalties of perjury that the facts stated herein are false information submitted in a document to the Department of Stages gree felony as provided for in s.817.155, F.S.)
CHAI	STINA GERMAKOPOULOR

Filing Fees:

5125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

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