## L11000079957

(Requestor's Name)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
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Effective Date 08/01/11

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11 JUL II PH 3: 30
SECRETARY OF STATE
AHASSEF, FLORID

J. BRYAN

JUL 12 2011

**EXAMINER** 

## **COVER LETTER**

TO: Registration S  Division of Co			
SUBJECT: HKRI	LLC		
		ted Liability Company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	2
Please return all corresp	ondence concerning this mat	tter to the following:	SECTION TO
Hay Ming	ı Yeuna		SECRETARY OF STATE
	,	Name of Person	2 2 1
HKRI, LL	С		بن بن المراج
		Firm/Company	RIO.
2519 McI	Mullen Booth Rd,	510-193	
		Address	
Clearwater	, FL 33761		
	Cit	ty/State and Zip Code	
hkrllc@gma		A 2	
		for future annual report notification)	
For further information	concerning this matter, please	e call:	
Hay Ming Yeung		at (727 ) 501-3355	
Name	of Person	Area Code & Daytime Telep	hone Number
Enclosed is a check for	or the following amount:		
	\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations - P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Ci Tallahassee, FL 32301	ircle

ARTICLES OF ORGANIZATION FOR FI	LORIDA LIMITED LIABILITY COMPANY
ARTICLE I - Name:	題とて
The name of the Limited Liability Company is:	SSER P
HKRI, LLC	7. 3. 38 3. 38
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street address of the pr	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
2519 McMullen Booth Rd, 510-193	2519 McMullen Booth Rd, 510-193
Clearwater FL 33761	Clearwater FL 33761
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)  The name and the Florida street address of the registration.	tered Agent. You must designate an individual or another  Effective Date 08 01/1.
. Hay Ming Yeung	
Name	
2519 McMullen Bo	oth Rd, 510-193
	iress (P.O. Box <u>NOT</u> acceptable)
Clearwater	<sub>FL</sub> 33761
City, Sta	ate, and Zip
liability company at the place designated in t registered agent and agree to act in this capacity statutes relating to the proper and complete pe	accept service of process for the above stated limited his certificate, I hereby accept the appointment as y. I further agree to comply with the provisions of all orformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

<u>Title:</u>	Name and Address:
'MGR" = Manager	至何,
"MGRM" = Managing Member	7.7%.
2 3	Anaging Member(s): Alager or Managing Member is as follows:  Name and Address:  Hay Ming Yeung  2519 McMullen Booth Rd, 510-193  Cleanuster, El. 33761
MGR	Hay Ming Yeung
<del>_</del>	2519 McMullen Booth Rd, 510-193
	Clearwater, FL 33761
MODNA	
MGRM	Kit Yeung
	2519 McMullen Booth Rd, 510-193
	Clearwater, FL 33761
Use attachment if necessary)	
	ne date of filing: August 1, 2011 (OPTIONA
	be specific and cannot be more than five business day
days after the date of filing.)	
iays after the date of finng.)	
, ,	
, ,	
REQUIRED SIGNATURE:	1 - 1 - 2
REQUIRED SIGNATURE:	Day Inflam, man ber or an authorized representative of a member.

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)

Typed or printed name of signee