

L11000088462

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

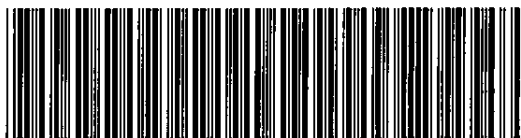
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B. KOHR

AUG 4 2011

EXAMINER



900210264989

08/02/11--01006--006 **155.00

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LAZARUS

CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. MANU K., LLC
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

- ☒ Walk in ☒ Pick up time 2.06 ☐ Certified Copy
☐ Mail out ☐ Will wait ☐ Photocopy ☐ Certificate of Status

NEW FILINGS

- ☐ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

FILED STATE
SECRETARY OF CORPORATIONS
DIVISION OF CORPORATIONS
11 AUG -4 PM 3:12



FLORIDA DEPARTMENT OF STATE
Division of Corporations

August 2, 2011

LAZARUS

TALLAHASSEE, FL

SUBJECT: MANU K., LLC
Ref. Number: W11000040488

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We have received your document for MANU K., LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please confirm the spelling of the Managing Member and Registered Agent's name. Is it "Keleman", "Kellemen", or something else?

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

Buck Kohr
Regulatory Specialist II

Letter Number: 011A00018179

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

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 AUG -4 PM 3:42

ARTICLE I Name : Manu K.,LLC
The Name of the Limited Liability Company is :

Manu K.,LLC

ARTICLE II - Address :
**The mailing address and street address of the principal office of the
Limited Liability Company is :**

2047 NW 24th Avenue
Miami , Florida 33140

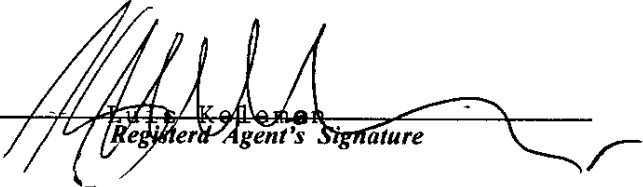
**ARTICLE III - Registered Agent , Registered Office , & Registered
Agent's Signature :** Luis Kelleman
The name and the Florida Street Address of the registered agent are :

Luis Kelleman

Name

2047 NW 24th Avenue
Miami , Florida 33140

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. .



Luis Kelleman
Registered Agent's Signature

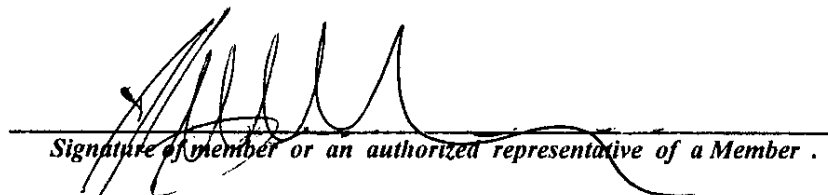
ARTICLE IV - Management (Check box if applicable .)

 The Limited Liability Company is to be managed by one manager or more managers and is ,
Therefore , a manager - managed company .

Member - Manager - Director Jenny Lopez

Member Manager Directo Luis Kelleman

(An additional article must be added if an effective date is requested)



Signature of 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 .

Luis Kelleman

Typed or printed name of signee