# 11000093880

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**EXAMINER** 



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TO ACKNOWLEDGE SUFFICIENCY OF FILING RECEIVED

OFFORATIONS

BIVIENCE OF CORPORATIONS

DIVISION OF CORPORATIONS

11 AUG 16 PM 1: no



ACCOUNT NO. : I2000000195

REFERENCE: 850552

AUTHORIZATION :

COST LIMIT : \$ 125.00

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ORDER DATE: August 15, 2011

ORDER TIME: 5:06 PM

ORDER NO. : 880551-005

CUSTOMER NO: 7223174

# DOMESTIC FILING

NAME: KWARIS DEVELOPMENT, LLC

# EFFECTIVE DATE:

	CERTIFICATE OF LIMITED PARTNERSHIP
XX	ARTICLES OF ORGANIZATION
PLEASE	RETURN THE FOLLOWING AS PROOF OF FILING:
XX	CERTIFIED COPY PLAIN STAMPED COPY CERTIFICATE OF GOOD STANDING
CONTACT	PERSON: Stephanie Milnes - EXT. 2920

EXAMINER'S INITIALS:

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I - Name:

The name of the Limited Liability Company is:

# Kwaris Development, 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:

Mailing Address:

535 West 23rd Street, SPH1M

New York, NY 10011

535 West 23rd Street, SPH1M New York, NY 10011

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:

Corporation Service Company

Name

1201 Hayes Street

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

Tallahassee

FL 32301

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)

Janet Budhu, Asst. Vice President

(CONTINUED)

Page 1 of 2

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

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

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Colin Kwak 535 West 23rd Street, SPH1M New York, NY 10011
(Use attachment if necessary)	
ARTICLE V: Effective date, if other tha	n the date of filing:
REQUIRED SIGNATURE:	el a. Tearl
ū	nember or an authorized representative of a member. on 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.)

David A. Pearl

Typed or printed name of signee

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)