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Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850)617-6383

From:
Account Name : EMPIRE CORPORATE KIT COMPANY
Account Number : 072450003255
Phone : (305)634-3694
Fax Number : (305)633-9696

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.
RK CENTER, LLC

Certificate of Status	0
Certified Copy	1
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Estimated Charge	$155.00

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RK Centers

17100 Collins Avenue * Suite 225 * Sunny Isles Beach, Florida 33160
Telephone: 305-949-4110 * Facsimile: 305-948-3410

December 27, 2011

Florida Secretary of State
400 South Monroe Street #PH12
Tallahassee, Florida 32399

RE: RK Centers LLC and RK Centers Inc.

Dear Sir or Madam:

Please be advised that we are forming RK Centers LLC and RK Centers Inc. and that both entities will have the same exact ownership.

Please do not hesitate to contact me should you require further information.

Sincerely,

Mitchell Cutler
CFO

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

RK Centers, 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:**
17100 Collins Avenue Ste 225 Sunny Isles Beach, FL 33160	17100 Collins Avenue, Ste 225 Sunny Isles Beach FL 33160

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:

Mitchell Cutler
Name

17100 Collins Avenue, Ste 225
Florida street address (P.O. Box NOT acceptable)

Sunny Isles Beach FL 33160
City, State, and Zip

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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.

Mitchell Cutler
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	Raanan Katz 11400 Collins Avenue #PH46 Sunny Isles Beach FL 33160
MGR	Daniel Katz 348 Park Drive Bal Harbour FL 33154
MGR	David Katz 74 Oak Hill Street Newton MA 02459
MGR	Sabra Katz 80 Baldpate Hill Road Newton MA 02459

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

REQUIRED SIGNATURE:

Raanan Katz

Signature of a member or an authorized representative of a member.

(In accordance with section 608.4076(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.)

Raanan Katz

Typed or printed name of signee