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 : I20000000019

Phone : (305)552-5973

Fax Number

: (305)220-1440

**Enter the email address for this business entity to be used for f annual report mailings. Enter only one email address please. **

Rmoil	Address:			
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FLORIDA LIMITED LIABILITY CO. MKB & KS LLC

Certificate of Status 0 Certified Copy 03 Page Count Estimated Charge \$130.00

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EXAMINER

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Corporate Filing Menu

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H 1 2 0 0 0 0 6 2 1 5 9 ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:						
MKB & KS LLC (Must end with the words "Limited Liability Company, "L.L.C.," or "I.L.C.,")						
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:						
Principal Office Address: Mailing Address:						
6001SW 70th stilet 327 Unit 6001SW 70th stilet 327 Unit South Miami - #L 210 33143 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 pointer business entity with an active Florida registration.)						
The name and the Florida street address of the registered agent are:						
MEROPI KETI PAES BRAZIL						
Name						
600 ISW 70 th Steel 327 Unit						
Florida street address (P.O. Box NOT acceptable)						
South Miarii - FL 33143						
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)
Page 1 of 2

3

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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:

"MGR" = Manager

"MGRM" = Managing Member

MEROP: KET: PAES BRAZIZ

GOOT SW 7074 ST Unit 327

SOUTH MIAMI FL 33143

MARIAN SCHROEDER

PAMMETTO Bay FL 33158

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing:

(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:

Signature of a 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.)

MEROPI KETT PAES BAAZIL

Typed or printed name of signee

Filing Fees:

S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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

Page 2 of 2