12000040025

| | · | |
|-------------------------|-------------------------|-----------|
| (Re | equestor's Name) | |
| | | |
| | | |
| (Ac | ldress) | |
| • | • | |
| | | , |
| (Ar | ldress) | |
| (/ 10 | 101033) | |
| | | |
| ·^^· | L./Obaka 178: (Disease) | . 40 |
| (Cı | ty/State/Zip/Phone | · #) |
| | | |
| | MAIT | ☐ MAIL |
| (Add (Add (City, | L **/\(\) | LI MAIL |
| | | |
| | | |
| (Bu | ısiness Entity Nam | ne) |
| | | |
| | | |
| (Do | cument Number) | • |
| • | , | |
| | | |
| Certified Conies | Certificates | of Status |
| Certified Copies | _ Certificates | or oracus |
| | | |
| | | |
| Special Instructions to | Filing Officer: | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |
| | | |

Office Use Only



600224448266

03/20/12--01012--024 **160.00

TILEL)
2012 MAR 20 AM 8: 22
SECRETARY OF STATE

J. SAULSBERRY EXAMINER

MAR 22 7012

COVER LETTER

TO:

| TO: Registration Division of C | | | |
|--------------------------------|---|--|--|
| SUBJECT: P.K. I | Realty Group, LLC. | | |
| SOBJECT. | | Liability Company | |
| The enclosed Articles | of Organization and fee(s) are sub | omitted for filing. | |
| Please return all corres | pondence concerning this matter | to the following: | |
| David Ro | odriguez | | |
| | | ame of Person | · · · · · · · · · · · · · · · · · · · |
| P.K. Mar | nagement Group, Ir | nc. | |
| | Fi | irm/Company | · |
| 2103 Co | ral Way, Suite 500 | | |
| <u> </u> | | Address | 2017 SE |
| Miami, FL | 33145 | | 2012 HAR 20 SECRETARY |
| | · | tate and Zip Code | 20 ARY ASSE |
| aroariguez | @pkmg.net E-mail address: (to be used for | future annual report notification) | |
| For further information | concerning this matter, please ca | • | AM 8: 22 FLORID |
| David Rodrigue: | Z a | t (786) 507-6020 | , |
| Name | e of Person | Area Code & Daytime Telep | hone Number |
| Enclosed is a check f | For the following amount: | | |
| \$125.00 Filing Fee [| \$130.00 Filing Fee & Certificate of Status | \$155.00 Filing Fee & 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 FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

| P.K. Realty Group, LLC. (Must end with the words "Limited Liability) | y Company, "L.L.C.," or "LLC.") |
|--|---|
| ARTICLE II - Address: The mailing address and street address of the pri | ncipal office of the Limited Liability Company is: |
| Principal Office Address: | Mailing Address: |
| 2103 Coral Way, Suite 500 Miami, FL 33145 | 2103 Coral Way, Suite 500 Miami, FL 33145 |
| ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.) The name and the Florida street address of the registration David Rodriguez Name 2103 Coral Way, | egistered agent are: |
| | ress (P.O. Box NOT acceptable) |
| Miami, FL | _{FL} 33145 |
| City, Stat | te, and Zip |
| liability company at the place designated in the registered agent and agree to act in this capacity, statutes relating to the proper and complete per | ccept service of process for the above stated limited is certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S |

(CONTINUED)

Registered Agent's Signature (REQUIRED)

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

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

| MGR | Walfredo I. Consuegra | |
|-------------------------------------|---|-------------------|
| <u> </u> | 2103 Coral Way, Suite 500 | - |
| | Miami, FL 33145 | _ |
| | | _ |
| | | - - |
| | TALL. | 2012 MAR |
| | 233 100 100 100 100 100 100 100 100 100 1 | #AR |
| | SA | 2 |
| | E. Cor | D. |
| | | |
| | TATE | _ _ _ |
| | | ~ |
| Use attachment if necessary) | , • | |
| E.V: Effective date if other than t | he date of filing: (OPTI | ΩN |
| | be specific and cannot be more than five business | |
| days after the date of filing.) | • | |

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. 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.)

WALFREDC, I COW SUTGRA MGR
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)