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(Re	equestor's Name)		
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(Bu	usiness Entity Nan	me)	
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T. CLINE

APR 1 7 2012

EXAMINER

COVER LETTER

TO:

Registration Section

Division of Corporat	ions				
_{SUBJECT:} Kara Mond	ey LLC				
	Name of Limite	d Liability Compar	ny		
The enclosed Articles of Organ	ization and fee(s) are s	ubmitted for filing.			
Please return all correspondence	e concerning this matte	er to the following:			
Kara Money					
		Name of Person			_
		Firm/Company	· · · · · · · · · · · · · · · · · · ·		-
630 Cranes W	/ay Unit 301				
		Address	- bite -		
Altamonte Sprin				.	
livinl8@yahoo.co	_	/State and Zip Code		SEC	2119
	ail address: (to be used fo	r future annual report	t notification)	建 剂 2	-
For further information concern	ing this matter, please	call:			2119
Kara Money		at (407)	6979630	OF STATE	
Name of Person	n	Area Code &	& Daytime Telephone Number	TATE DRID	•
Enclosed is a check for the fo	ollowing amount:			<u>></u> 14	J
\$125.00 Filing Fee \$130 Cer	1.00 Filing Fee & [tificate of Status	\$155.00 Filing Certified Copy (additional copy)	y Certificate is enclosed) Certified (of Status &	
Regis Divis P.O.	stration Section sion of Corporations Box 6327 thassee, FL 32314	Registration Division of Clifton But 2661 Exec	f Corporations		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

Vara Manay I.I.C.		
Kara Money LLC (Must end with the words "Limited Lin	ability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the		Liability Company is:
Principal Office Address:	Mailing Address:	
630 Cranes Way Unit 301 Altamonte Springs, Florida 32701	630 Cranes Way Unit 301 Altamonte Springs, Florida	
ARTICLE III - Registered Agent, Register (The Limited Liability Company cannot serve as its own Rebusiness entity with an active Florida registration.)	gistered Agent. You must designate an in	idividual or another
The name and the Florida street address of the	e registered agent are:	RY C
Kara Money	<u> </u>	MIT: 02 OF STATE
Nan		SEA F
630 Cranes Wa	y Unit 301	Ser Se
Florida street a	address (P.O. Box NOT acceptable)	\$
Altamonte Springs	_{FL} 32701	
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)

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 Me	Name and Address: ember
mgr	Kara Money 630 Cranes Way Unit 301 Altamonte Springs Florida 32701
 	
	
(Use attachment if necessa	ary)
ARTICLE V: Effective date, if ot (If an effective date is listed, the d to or 90 days after the date of filing	
REQUIRED SIGNATUR	ZIII SSEE
(In accordance wi constitutes an affi I am aware that a	th section 608.408(3), Florida Statutes, the execution of this document immation under the penalties of perjury that the facts stated herein are true. In the facts information submitted in a document to the Department of State and degree felony as provided for in s.817.155, F.S.)

Kara Money

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)