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(Re	equestor's Name)	
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2012 APR 20 PM 3: 5

J. BRYAN

APR 23 2012

EXAMINER

COVER LETTER

Division of	Corporations	. •	·
SUBJECT:	· K	(LEP LLC.	
	Name of Limit	ted Liability Company	-
The enclosed Article	es of Organization and fee(s) are	submitted for filing.	•
Please return all corr	respondence concerning this mat	ter to the following:	
	PAUL	O ANTONIONE	· · · · · · · · · · · · · · · · · · ·
		Name of Person	
			2017 SE TAI
		Firm/Company	2012 APR 20 SECRETAR TALLAHASS
***************************************	709 [Bald Cypress Rd	
	,	Address	PH 3: 5:
		eston, FL 33327	OR S
		y/State and Zip Code	70*
	E-mail address; (to be used to	one@sbcglobal.net for future annual report notification)	
For further information	on concerning this matter, please		· ,
PAULO	ANTONIONE	at(312907-0622	
Nar	me of Person	Area Code & Daytime Tel	ephone Number
Enclosed is a check	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	Street/Courier Address Registration Section Division of Corporation Clifton Building	- ns
	Tallahassee, FL 32314	2661 Executive Center Tallahassee, FL 32301	Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	<u>و</u> بے
The name of the Limited Liability Company is:	PLLC.
KLE	PLLC. 经表现
(Must end with the words "Limited Liabi	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	The one
The mailing address and street address of the p	rincipal office of the Limited Liability Companyus:
Principal Office Address:	Mailing Address:
709 Bald Cypress Rd	709 Bald Cypress Rd
Weston, FL 33327	Weston, FL 33327
709 Bald C Florida street ad Westor City, St Having been named as registered agent and to	registered agent are: O-ANTONIONE Sypress Rd Idress (P.O. Box NOT acceptable) 1 FL 33327 tate, and Zip accept service of process for the above stated limited
registered agent and agree to act in this capacit statutes relating to the proper and complete p	this certificate, I hereby accept the appointment as ty. I further agree to comply with the provisions of all erformance of my duties, and I am familiar with and istered agent as provided for in Chapter 608, F.S

Page 1 of 2

(CONTINUED)

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

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

"MCD! — Managan	Name and Address:
"MGR" = Manager	Programme and the second secon
"MGRM" = Managing Member	Property Co.
MGR	Name and Address: KARINA NIETO-ANTONIONE 709 Bald Cypress Rd Weston, FL 33327
	709 Bald Cypress Rd
	Weston, FL 33327
MGR	PAULO ANTONIONE
	709 Bald Cypress Rd
	Weston, FL 33327
	
(Use attachment if necessary)	
CLE V: Effective date, if other than the	date of filing: (OPTIONAL)
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must b	date of filing: (OPTIONAL) e specific and cannot be more than five business days p
CLE V: Effective date, if other than the effective date is listed, the date must b 0 days after the date of filing.)	date of filing: (OPTIONAL) e specific and cannot be more than five business days [
CLE V: Effective date, if other than the effective date is listed, the date must be days after the date of filing.) REQUIRED SIGNATURE:	date of filing: (OPTIONAL) e specific and cannot be more than five business days p

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.)

KARINA NIETO-ANTONIONE

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)