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| (Requestor's Name) | | | | |
|-----------------------------------------|--|--|--|--|
| (Address) | | | | |
| (Address) | | | | |
| (City/State/Zip/Phone #) | | | | |
| PICK-UP WAIT MAIL | | | | |
| (Business Entity Name) | | | | |
| (Document Number) | | | | |
| Certified Copies Certificates of Status | | | | |
| Special Instructions to Filing Officer: | | | | |
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Office Use Only



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B. BOSTICK

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EXAMINER

COVER LETTER

| TO: Registration Section Division of Corporation | : 1 S | | |
|--------------------------------------------------|--------------------------------------------------------------------------------|-------------------------------------------------------------------------------------------------------------------------------------------------|----------------------------------------------------------------------------------------------------|
| SUBJECT: 12434 KB, | LLC | | |
| | Name of Limite | ed Liability Company | |
| The enclosed Articles of Organiza | ation and fee(s) are s | submitted for filing. | |
| Please return all correspondence of | concerning this matte | er to the following: | |
| Heidi Perez | | | |
| | | Name of Person | |
| ACGG DEVEL | OPMENT G | ROUP | |
| | | Firm/Company | |
| 255 UNIVERSI | TY DR. | | |
| | | Address | |
| CORAL GABLES | , FL 33134 | | |
| | _ | /State and Zip Code | |
| HPEREZ@ACGGI | | NT.COM or future annual report notification) | |
| For further information concerning | | • | יי אבר אווא |
| HEIDI PEREZ | | at (305) 665-1250 | |
| Name of Person | | Area Code & Daytime Te | |
| Enclosed is a check for the foll | owing amount: | | PH :: 1 |
| | 0 Filing Fee & icate 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) |
| Registr Divisio P.O. Bo | g Address ation Section on of Corporations ox 6327 ussee, FL 32314 | Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301 | ns |

ARTICLES OF ORGANIZATION FOR A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - NAME

The name of the Limited Liability Company is:

12434 KB, LLC

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NEVRENSSEE FLUNDS

ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability Company is:

255 University Drive Coral Gables, FL 33134

ARTICLE III REGISTERED AGENT, REGISTERED OFFICE & REGISTERED AGENT'S SIGNATURE.

The name and the Florida street address of the registered agent is:

Aran Correa Guarch and Shapiro, P.A c/o Danny Correa, Esq. 255 University Drive Coral Gables, FL 33134

Having been named as registered agent and to accept service of process for the above stated limited liability Company at the place designated in the 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, Florida Statutes.

Registered Agent's Signature

ARTICLE IV Management

The Company shall be manager-managed.

(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.)

12434 KB, LLC

By:__

Aran Correa Guarch and Shapiro, P.A.

By Danny Correa, ESQ

Dated:

7/11/2012

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