

**L12000100389**  
Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850)617-6383

From: Account Name : ARIAS TOVAR & ASSOCIATES, P.A.  
Account Number : I20000000125  
Phone : (954)385-2284  
Fax Number : (954)385-8864

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

Email Address: \_\_\_\_\_

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12 AUG -3 AM 11:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.  
KLYK ME, LLC**

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

**D. BRUCE**

AUG 06 2012

**EXAMINER**

RECEIVED  
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TALLAHASSEE, FLORIDA

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**ARTICLES OF ORGANIZATION**  
**OF**  
**KLYK ME, LLC**

The Undersigned, as a member or an authorized representative of a member of the Company, pursuant to Chapter 608, Florida Statutes, files the following Articles of Organization establishing a Florida Limited Liability Company named **KLYK ME, LLC**

**ARTICLE I: NAME**

The name of the Company shall be: KLYK ME, LLC

**ARTICLE II: PRINCIPAL OFFICE**

The principal place of business and mailing address of this Company shall be:  
2250 NW 136<sup>th</sup> Avenue Pembroke Pines, FL 33028

**ARTICLE III: DURATION**

The period of duration for the Company shall be perpetual.

**ARTICLE IV: PURPOSE**

This company is organized primarily to engage in general investments, international trade, and other commercial activities, as well as to conduct any other lawful business in the United States and abroad.

**ARTICLE V: MANAGEMENT**

The Company shall be managed by one or more managers and is therefore a member-managed company. The initial member/manager of the Company shall be two (2) to hold office until their successors have been duly qualified and elected, or until his/her earlier resignation, removal from office or death.

The number of members and managers may increase or decrease in accordance with the procedure stated in the By-Laws of the company or the Membership Agreement.

12 AUG - 3 AM 11:00  
SECRETARY OF  
TALLAHASSEE, FLORIDA  
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The names and addresses of the initial Members / Managers are:

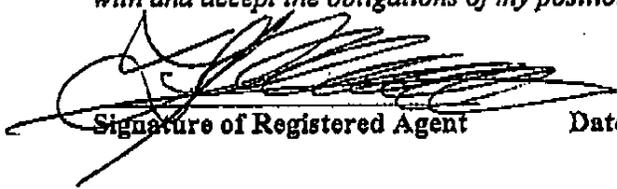
Engels Perez	2250 NW 136 <sup>th</sup> Avenue	Pembroke Pines, FL 33028
Erica Boscan	2250 NW 136 <sup>th</sup> Avenue	Pembroke Pines, FL 33028

**ARTICLE VI: INITIAL REGISTERED AGENT AND STREET ADDRESS**

The name and Florida Street address of the initial Registered Agent is:

Ileana Arias Tovar, Esq.  
 Arias Tovar & Associates, PA.  
 2250 NW 136<sup>th</sup> Avenue  
 Pembroke Pines, FL 33028

*Having been named as registered agent and to accept service of process for the above stated 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.*



Signature of Registered Agent

Date: June 19 2012




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Signature of a Member or Authorized Representative of a Member  
 Engels Perez

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