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COVER LETTER

TO: Registration Section

Division of Corporations

KINAH ENTERPRISES

Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

VICKY LUTZ

Name of Person

KINAH ENTERPRISES

Firm/Company

15030 SW 89TH RD TERR

Address

MIAMI, FL. 33196

City/State and Zip Code

VICKYLUTZ@BELLSOUTH.NET

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

VICKY LUTZ

₋305 \ 386-2

Name of Person

Area Code & Daytime Telephone 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 Tallahassee, FL 32314

Street/Courier Address

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name: The name of the Limited Liability Company is:	
KINAH ENTERPRISES, LLC. (Must end with the words "Limited Liabil	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15030 SW 89TH RD TERR	15030 SW 89TH RD TERR
MIAMI, FL. 33196	MIAMI, FL. 33196
business entity with an active Florida registration.) The name, and the Florida street address of the r VICKY LUTZ	registered agent are:
Name	
15030 SW 89TH RD TERR	
	dress (P.O. Box NOT acceptable)
MIAMI, FL. 33196	FL
City, St	ate, and Zip
liability company at the place designated in a registered agent and agree to act in this capac all statutes relating to the proper and complet	accept service of process for the above stated limited this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of te performance of my duties, and I am familiar with egistered agent as provided for in Chapter 608, F.S

Micley Latz
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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

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

MGR	VICKY LUTZ
	15030 SW 89TH RD TERR
	MIAMI, FL. 33196
MGRM	HUBERT MENENDEZ
	6331 SW 112PL.
	MIAMI, FL. 33173
	
Use attachment if necessary)	
	han the date of filing: (OPTIONAL te must be specific and cannot be more than five business.

REQUIRED SIGNATURE:

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.)

HUBERT MENENDEZ

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)

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