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SECTLIANT OF STARR
ALLAMASSEE, FLORIC

COVER LETTER

TO:	Registration S Division of Co					
SUBJI	ECT: KAZ	rumiB Inc.,	LLC			
	Name of Limited Liability Company					
The en	closed Articles of	of Organization and fee(s) are	submitted for filing.			
Please	return all corresp	oondence concerning this matt	ter to the following:			
	Rosheu	Rosemond				
	Name of Person					
	Koshe	M Rosemond	Holdings LLC			
	001.5	1111 0:0-10-	Firm/Company	·		
	80/2	1 NW 21st Mai				
	\sim		Address			
	Sunrise, FI 33322					
	RRNOIdings IIC @ a DI COM /* first n beauty e amail com					
			for future annual report notification)	irstnbeauty egmail con		
- C			-	O		
For fur	ther information	concerning this matter, please	call:			
K	oshell k	cosemond	at (754) 224-	0027		
	Name	of Person	Area Code & Daytime Telep	·		
Enclos	sed is a check for	or 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 Ci Tallahassee, FL 32301	ircle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	·				
Kazumi B., LLC (Must end with the words "Limited Liability	y Company "L.I. C." or "I.I.C.")				
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:					
Principal Office Address:	Mailing Address:				
8350 NW 2 INC Swite 624 Cliami Gardens, FL 33169	·				
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Register business entity with an active Florida registration.)					
The name and the Florida street address of the re-	gistered agent are:				
Kazumi Brown					
18350 NW 2 A Florida street addr	ve Sute 624 css (P.O. Box NOT acceptable)				
Muami Gardens City, State	FL 33169 e, and Zip				
Having been named as registered agent and to a	ccept service of process for the above stated limited				

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)

Page 1 of 2

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member (Use attachment if necessary) . (OPTIONAL) (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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

Filing Fees:

14

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)

constitutes a third degree felony as provided for in s.817.155, F.S.)

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

Typed or printed name of signee