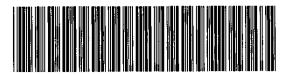
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CONTACT:	RICKY SO	<u>ro</u>	
DATE:	01/25/2013		
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CORP. NAME:	K&R 52 EN	TERPRISES LLC	
ARTICLES OF INCO ANNUAL REPORT FOREIGN QUALIFIC REINSTATEMENT CERTIFICATE OF C OTHER:	CATION	( ) ARTICLES OF AMENDMENT ( ) TRADEMARK/SERVICE MARK ( ) LIMITED PARTNERSHIP ( ) MERGER	( ) ARTICLES OF DISSOLUTION ( ) FICTITIOUS NAME (XX) LIMITED LIABILITY ( ) WITHDRAWAL
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Examiner's Initials

## **COVER LETTER**

TO: Registration Section
Division of Corporations

SUBJECT. K&R 52 Enterprises LLC

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:

# Frank Springer Name of Person DLA Piper LLP (US) Firm/Company 200 S. Biscayne Blvd. Suite 2500 Address Miami, FL 33131 City/State and Zip Code frank.springer@dlapiper.com

For further information concerning this matter, please call:

Frank Springer at 305 423-8553

Name of Person Area Code & Daytime Telephone Number.

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

Enclosed is a check for the following amount:

■\$125.00 Filing Fee U\$130.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)

S160.00 Filing Fee, 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 I:-			
The name of th	ie Limited Liability Compa	any is:	
K&R 52 Enterprise	es LLC		
	(Must end with the words "Limit	ed Eiability Company, "L.L.C.," or "LL.C.")	
ARTICLE II	- Addréss:	f the principal office of the Limited Lia	bility Company is:
Principal Office		Mailing Address:	omey company is,
2625 Collins Ave.		2625 Collins Ave. #203	
Miami Beach, FL 3	<del></del>	Miami Beach, FL 33140	<del></del> _
	-		<u>.</u>
(The Limited Liabili business entity with	ity Company cannot serve as its own han active Florida registration.) the Florida street address of NRAI Services, Inc.	istered Office, & Registered Agent's m Registered Agent. You must designate an individual of the registered agent are:  Name	2019 JAN 25 SECIETARY O
	515 East Park Avenue	treet address (P.O. Box NOT acceptable)	FSTA C
	Tallahassee	32301	
		City, State, and Zip	
liability con registéred ag all statutes r	npany at the place designa ent and agree to act in this elating to the proper and c	and to accept service of process for the ded in this certificate, I hereby accept the capacity. I further agree to comply will omplete performance of my duties, and in as registered agent as provided for in  Michele Holden Asst. Secretary	e appointment as th the provisions of I am familiar with

(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: "MGR" = Manager "MGRM" = Managing Member MGR Kathleen Vargas 2625 Collins Avé: #203 Miami Beach, FL 33140 MGR Roberto Heinert c/o 301 W. Hallandale Beach Blvd. Hallandale Beach, FL 33009 (Use attachment if necessary) : (OPTIONAL) ARTICLE V: Effective date, if other than the date of filing: (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.)

(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 \$.817.155; F.S.)

Signature of a member or an authorized representative of a member.

Michael A. Silva, authorized representative

Typed or printed name of signee

Filing Fees:

REQUIRED SIGNATURE:

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

\$ 5.00 Certificate of Status (Optional)