

**L13000103236**

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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((H13000160027 3)))



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To:

Division of Corporations  
Fax Number : (850) 617-6363

From:

Account Name : EMPIRE CORPORATE KIT COMPANY  
Account Number : 072450003255  
Phone : (305) 634-3694  
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**FLORIDA LIMITED LIABILITY CO.  
KESHERSS LLC**

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7/17/2013



July 18, 2013

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

EMPIRE CORP.

SUBJECT: KESHERS LLC  
REF: W1300004060618 JUL 19 PM 12:02  
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We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name designated in your document is distinguishable on our records. However, the name is similar to a name already on file with this office. Therefore, the use of this name may result in future complications. The name of the existing entity is : KESHER CORP, document number P12000052143.

You may 1.) resubmit the document under the current name; or 2.) choose to file under another name. If you choose to file under another name, please make the appropriate correction throughout the document(s).

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Deidre Butler  
Regulatory Specialist IIFAX Aud. #: H13000160027  
Letter Number: 513A00017537RECEIVED  
13 JUL 19 PM 4:22  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I**

The Name of the Limited Liability Company shall be :

**KESHERSS LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the at.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is:

1120 SUNSET STRIP  
SUNRISE, FL 33313

**ARTICLE IV**

The name of the Managing Member and Manager(S) shall be:

**MANAGING MEMBER/MANAGER**

BERNARD DESPINOSSE  
1120 SUNSET STRIP  
SUNRISE, FL 33313

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

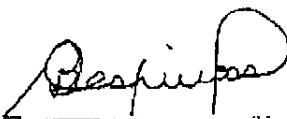
BERNARD DESPINOSSE  
1120 SUNSET STRIP  
SUNRISE, FL 33313

13 JUL 19 PM 12:02  
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SUNRISE

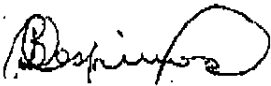
**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

KESHERSS LLC

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 articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



\_\_\_\_\_  
Signature of Registered Agent



\_\_\_\_\_  
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)

BERNARD DESPINOSSE

Typed or printed name signee