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PICK-UP	WAIT	MAIL
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Certified Copies	Certificates	s of Status
Special Instructions to	Filing Officer:	
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FILED SECRETARY OF STATE DIVISION OF CORFORATIONS

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COVER LETTER

TO: Registration S Division of Co			
SUBJECT:	ING FLOO	R5 LLC ed Liability Company	· · · · · · · · · · · · · · · · · · ·
	Name of Billing	ou blasmy company	
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
	ondence concerning this matt		
JUA	V C. MEG	Name of Person	
KIN	G FLOORS	LLC Firm/Company	
200/	NW 7th	SA SV7/	201
MIAM	1, FL 33/	25	
Jc@,	KING REVOLUM E-mail address: (to be used t	y/State and Zip Code 10 S + U C O . Co for future annual report notification)	oM
	concerning this matter, please		
JUAN Name	MECYANO OF Person	at (786) 258- Area Code & Daytime Telep	882 Y hone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	2\$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, Ft. 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	rcie

Tailahassee, FL 32301



RECEIVED

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SECRETARY OF STATE TALLAHASSEE, FLORIDA

August 21, 2013

JUAN C MEDRANO 2001 NW 7TH ST STE 201 MIAMI, FL 33125

SUBJECT: KING FLOORS LLC Ref. Number: W13000046559

We have received your document for KING FLOORS LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity. Section 608.406, Florida Statutes, was amended effective July 1, 2007, to require the name of a limited liability company to be distinguishable from the names of all other filings filed with the Division of Corporations, except for fictitious name registrations and general partnership registrations.

Please select a new name and make the correction in all the appropriate places. One or more words may be added to make the name distinguishable from the one presently on file. A search for name availability can be made on the Internet through the Division's records at www.sunbiz.org.

Please note the name of a limited liability company must end with the words "Limited Liability Company," the abbreviation "L.L.C.", or the designation "LLC". The word "Limited" may be abbreviated as "Ltd." andthe word "Company" may be abbreviated as "Co." The following suffixes are no longer acceptable: "Limited Company", "L.C.", and "LC".

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6051.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

Letter Number: 613A00019956

Effective Date 8 11 13

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	v,
ARTICLE I - Name: The name of the Limited Liability Company is: Must end with the words "Limited Liability Company, "L.L.C.," or	
ARTICLE II - Address: The mailing address and street address of the principal office of the	Limited Liability Company is:
Principal Office Address: Mailing Address	<u>:</u>
2001 NW 7th St 2001 N SUIF 201 MIAMILE 33125 MIAMILE	W 7 M S/ 1 233125
ARTICLE III - Registered Agent, Registered Office, & Register (The Limited Liability Company cannot serve as its own Registered Agent. You must destructed business entity with an active Florida registration.)	
The name and the Florida street address of the registered agent are:	
JUAN C. MEDYAND	· ——
4407 NW 23 Rd CF Florida street address (P.O. Box NOT ac	·
MIAMIFL FL 33/9/2 City, State, and Zip	ceptable)
Having been named as registered agent and to accept service of pro- liability company at the place designated in this certificate, I here registered agent and agree to act in this capacity. I further agree to all statutes relating to the proper and complete performance of my and accept the obligations of my position as registered agent as pro-	by accept the appointment as o comply with the provisions of duties, and I am familiar with
Stort in for	·
Registered Agent's Signature (REQUIRED)	and the state of t
(CONTINUED)	SECRETA DIVISION OF T

Page 1 of 2

SECRETARY OF STATE DIVISION OF CORPORATIONS

<u>Citle:</u> MGR" = Manager MGRM" = Managing Member	Name and Address:
149 R	JUAN MECKAND 4407 NW 2344 CF MAN, FL 33142
Use attachment if necessary)	

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.)

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)