Division of Corporations

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H13000247498 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

Division of Corporations

Fax Number

: (850)617-6383

From:

: JAM MARK LIMITED

Account Number : I20000000112 Phone : (305)789-7758 Fax Number : (305)789-7799

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

FLORIDA LIMITED LIABILITY CO. KatieO's Enterprise, LLC

Certificate of Status Certified Copy Page Count 03 Estimated Charge \$155.00

13-157424

Electronic Filing Menu — Corporate Filing Menu

Help

NOV -8 2013 N. CAUSSEAUX

(((H13000247498 3)))

3/005

ARTICLES OF ORGANIZATION OF KatieO's Enterprise, LLC

The undersigned, being a duly authorized representative of the Member(s), desiring to form a limited liability company under and pursuant to the Florida Limited Liability Company Act, Chapter 608, Florida Statutes, does hereby adopt the following Articles of Organization:

ARTICLE I NAME

The name of the limited liability company is KatieO's Enterprise, LLC (the "Company").

ARTICLE II ADDRESS

The principal and mailing address of the Company is:

19380 SW 61st Street Pembroke Pines, FL 33332

ARTICLE III REGISTERED AGENT AND OFFICE

The Company designates 19380 S.W. 61st Street, Pembroke Pines, FL 33332 as the street address of the initial registered office of the Company and Katie P. Isaac as the Company's initial registered agent at that address to accept service of process within this state.

ARTICLE IV DURATION AND CONTINUATION

The period of the Company's duration shall commence with the filing of these Articles of Organization with the Secretary of State, and shall continue perpetually, unless terminated in accordance with the Company's Operating Agreement or pursuant to the Florida Limited Liability Act as amended from time to time.

ARTICLE V MANAGEMENT

The Company shall be conducted, carried on, and managed by at least one (1) Manager and is, therefore, a manager-managed Company. The Manager(s) shall also have the rights and responsibilities described in the Operating Agreement of the Company, if applicable. The Manager(s) shall serve in such capacity until their successor(s) are duly elected and qualified.

(((H13000247498 3)))

ARTICLE VI MANAGER(S)

The name and address of the initial Manager of the Company is:

Katie P. Isaac 19380 SW 61st Street Pembroke Pines, FL 33332

ARTICLE VII **PURPOSE**

The purpose for which the Company is being formed is to engage in any activity or business permitted under the laws of the United States and the State of Florida including activities within the United States and abroad.

ARTICLE VIII **ADDITIONAL MEMBERS**

Additional Members may be admitted upon the written consent of the majority ownership interest, and in the manner set forth in the Operating Agreement of the Company.

ARTICLE IX **OPERATING AGREEMENT**

The power to adopt, alter, amend, or repeal the Operating Agreement of the Company may be admitted upon the written consent of the majority ownership interest of the Member(s) of the Company.

IN WITNESS WHEREOF, the undersigned has hereunto set her hand and seal this 7th of November, 2013.

Katie II. Isaac

Duly Authorized Representative of the

Member(s)

Fax Server

(((H13000247498 3)))

ACCEPTANCE OF REGISTERED AGENT

The undersigned agrees to act as registered agent for KatieO's Enterprise, LLC to accept service of process at the place designated in these Articles of Organization, and to comply with the provisions of Chapter 608, Florida Statutes, and acknowledges that the undersigned is familiar with, and accepts, the obligations of such position on this 7th day of November, 2013.

Katie P. Isaac

13 HOV -7 PH 12: 30
SECRETARY OF STATE
SECRETARY OF STATE