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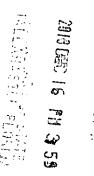
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### **COVER LETTER**

TO: Registration Section
Division of Corporations

SURJECT: TKF Investments 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:

# Todd SIMS Name of Person TKF Investments LLC Firm/Company 125 Jefferson Ave #116 Address Miami Beach, FL 33139 City/State and Zip Code tsimsrealty@aol.com

For further information concerning this matter, please call:

Todd SIMS	3	<sub>at</sub> 305 45	88 88	326
Name	of Person	Area Code & Day	time Telep	hone Number
Enclosed 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 enc		\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

# 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

TKF Investments LLC  (Must end with the words "I.	imited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:	
The mailing address and street addres	s of the principal office of the Limited Liability Company is
Principal Office Address:	Mailing Address:
125 Jefferson Ave #116	125 Jefferson Ave #116
Miami Beach, FL 33139	Miami Beach, FL 33139

The name and the Florida street address of the registered agent are:

Name

1680, Michigan Suite 700

Florida street address (P.O. Box NOT acceptable)

Miami Beach, FL 33139

City, State, and Zip

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:

MGRM	Todd SIMS 125 Jefferson Ave #116	
	Miami Beach, FL. 33139	
MGRM	Kevin COLLINS	
	125 Jefferson Ave #116	
	Miami Beach, FL. 33139	
MGRM	Francois BOISSON	
	125 Jefferson Ave #116	
	Miami Beach, FL. 33139	200
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(Use attachment if necessary)		of <b>u</b>
LE V: Effective date, if other than the date of filing:		(OPTIÓÑA
fective date is listed, the date mu	=	`
or 90 days after the date of filing.)		

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.)

Todd SIMS

Typed or printed name of signee

### 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)