

L14000024230

Division of Corporations
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To:

Division of Corporations
Fax Number : (850) 617-6383

EFFECTIVE DATE 02-11-14

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
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**FLORIDA LIMITED LIABILITY CO.
KASACA LLC**

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

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B. BOSTICK
FEB 12 2014
EXAMINER

H14000034062

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KASACA LLC
 (Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

14335 SW 120 ST STE 211
MIAMI FL 33186

Mailing Address:

14335 SW 120 ST STE 211
MIAMI FL 33186

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

GENERAL CONSULTING SERVICES GROUP Corp.
 Name
14335 SW 120 ST STE 211
 Florida street address (P.O. Box NOT acceptable)
MIAMI FL 33186
 City 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 605, F.S.

[Signature]
 Registered Agent's Signature (REQUIRED)

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:
"AMBR" Authorized Member
"MGR" = Manager
AMBR

Name and Address:

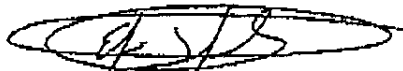
EFREN E SULBARAN
14335 SW 120 ST STE 211
Miami FL 33186

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: 02/11/2014 (OPTIONAL)

(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.)

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:


Signature of a member or an authorized representative of a member.
(In accordance with section 605.0203 (1) (b), 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.)

EFREN E SULBARAN

Typed or printed name of signee

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