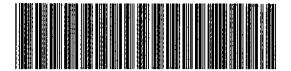
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(Re	equestor's Name)	
(Ad	dress)	
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(Cit	ty/State/Zip/Phon	e #)
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	me)
(Do	cument Number)	
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	
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Office Use Only



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SECRETARY OF STATE TALLAHASSEE, FLORIDA

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COVER LETTER

TO:	Registration Section Division of Corpora					
SUBJI	CT: <u>Big Kahuna In</u>	vestment Propertie Name of Li	es, LLC mited Liability Company			
The en	closed Articles of Orga	anization and fee(s) a	are submitted for filing.			
Please	return all corresponder	ice concerning this π	natter to the following:			
	Martin and Zen	aida Johnson	Name of Person	T-1-2		
	Big Kahuna Inv	estment Properties	LLC Firm/Company		-	
	5320 Primrose	Lake Circle, Suite /	A Address	1 23 (n 1777) 1777)	2014 E	
	Tampa, Florida		City/State and Zip Code	ATT SET	PR 21	E JOSEPH SEL
_m	iohnson@simconsul E-ma	lants.com il address: (to be use	ed for future annual report notifica	fion)	2014 <u>P</u> PR 21 PM 10: 53	()
For fur	ther information conce	rning this matter, ple	ease call:	9r >	ு ம	
Martin	Johnson Name of Pe		813 <u>4557177</u> Area Code Daytime Tel	ephone Number		
Enclose	ed is a check for the fo	llowing amount:	·			
3 \$125.0		30.00 Filing Fee & ertificate of Status	☐\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status Certified Copy (additional copy is enclosed)		
	Mailing Ad Registration Division of P.O. Box 63 Tallahassee	Section Corporations 327	Street/Courier Adda Registration Section Division of Corporat Clifton Building 2661 Executive Cent Tallahassee, FL 3230	ions er Circle		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:		
Big Kahuna Investment Properties, LLC (Must end with the words "Limite	ed Liability Company, "L.L.C.," or "LL	.C.")
ARTICLE II - Address: The mailing address and street address of the principal		
Principal Office Address:	Mailing Address:	
5320 Primrose Lake Circle, Suite A Tampa, Florida 33647	5320 Primrose Lake Circle, Su Tampa, Florida 33647	uite A
ARTICLE III - Registered Agent, Registered Office (The Limited Liability Company cannot serve as its own another business entity with an active Florida registrat	n Registered Agent. You must designate	te an individual or
The name and the Florida street address of the registere	ed agent are:	
Andrew Hoek		
Nan	ne	
607 West Bay St. Florida street address (P.O. B	ox NOT acceptable)	
Tampa	FL 33606	
City	Zip	
Having been named as registered agent and to accept the place designated in this certificate, I hereby acceptaction capacity. I further agree to comply with the provision of my duties, and I am familiar with and accept the Charles	ept the appointment as registered agent is is of all statutes relating to the proper an	and agree to act in this ad complete performance
//		
Registered Agent's Sign	nature (REQUIRED)	2014 7PR
(CONTIN	UED)	
Page 1 o	12	ARY OF ST

Title: "AMBR" = Authorized "MGR" = Manager	i Member	Name and Address:	
AMBR	-	Martin Johnson	
AMBR		Zenaida Johnson	
	-		
	-		
			
	-		
EV: Effective date, if of citive date is listed, the	other than the date of filing:	(OPTION I cannot be more than five business days pric	NAL) ior to or 90 c
E V: Effective date, if of ective date is listed, the of filing.) E VI: Other provisions,	other than the date of filing: date must be specific and if any.	d cannot be more than five business days pri	or to or 90 c
E V: Effective date, if of ective date is listed, the of filing.) E VI: Other provisions,	other than the date of filing: e date must be specific and if any.	(OPTION I cannot be more than five business days pri	or to or 90 d
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