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Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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

From: Account Name : CORP USA
Account Number : 072450003255
Phone : (305) 634-3694
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EFFECTIVE DATE
5-2-2014

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FLORIDA LIMITED LIABILITY CO.
INTERNATIONAL K&S INVESTMENTS, LLC

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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(2)

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: International K&S 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:

Brian R. Hersh
Name of Person

Law Office of Brian R. Hersh
Firm/Company

1541 Brickell Avenue, Ste. C-1407
Address

Miami, Florida 33129
City/State and Zip Code

bherشلaw@aatt.net
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Brian R. Hersh at (305) 371-6294
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$150.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

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

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFFECTIVE DATE
5-2-2014

International K&S Investments, 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:

Mailing Address:

1541 Brickell Avenue, Ste. C-1407
Miami, Florida 33129

1541 Brickell Avenue, Ste. C-1407
Miami, Florida 33129

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:

Brian R. Herah, Esquire

Name

1541 Brickell Avenue, Ste. C-1407

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

Miami

City

FL 33129

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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TALLAHASSEE, FLORIDA

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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:

Sorush Dovlatbadi

1541 Brickell Avenue, Ste. C-1407

Miami, Florida 33129

MGR

Kawa Nailm

1541 Brickell Avenue, Ste. C-1407

Miami, Florida 33129

President

Sorush Dovlatbadi

1541 Brickell Avenue, Ste. C-1407

Miami, Florida 33129

Vice President

Aileen Rivero

1541 Brickell Avenue, Ste. C-1407

Miami, Florida 33129

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: May 2, 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.

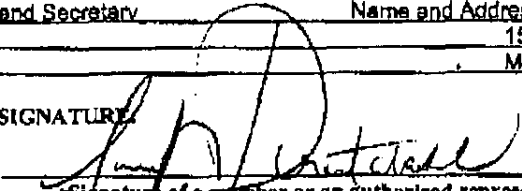
Title: Vice President and Secretary

Name and Address: Kawa Nailm

1541 Brickell Avenue, Ste. C-1407

Miami, Florida 33129

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, P.S.)

Sorush Dovlatbadi

Typed or printed name of signer

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)

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05/02/2014 15:16 3056339696