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COVER LETTER

то:	Registration Section Division of Corporations		
SUBJI	ECT: Angeliki, LLC Name of Lin	mited Liability Company	
The en	closed Articles of Organization and fee(s) a	re submitted for filing.	
Please	return all correspondence concerning this n	natter to the following:	
	George M. Marakas	Name of Person	
		Firm/Company	
	31415 SW 193rd Avenue	Address	
	Homestead, FL 33030	City/State and Zip Code	
gr	narakas@kandgcycles.com E-mail address: (to be use	d for future annual report notifica	ation)
For fur	ther information concerning this matter, ple	ase call:	
<u>Georg</u>	e M Marakas at (at (at (at (at (785) 766-8563 Area Code Daytime Tel	lephone Number
	ed is a check for the following amount:	_	_
□ \$125.0	00 Filing Fee \$\overline{\	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Adda Registration Section Division of Corporat Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ACTIONS OF CHEEN PROPERTY OF THE PROPERTY OF T				
ARTICLE I - Name: The name of the Limited Liability Company is:				
Angeliki,LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "LI	LC.")	•	
ARTICLE II - Address: The mailing address and street address of the principal offi	ce of the Limited Liability Compa	ny is:		
Principal Office Address:	Mailing Address:			
31415 SW 193rd Avenue Homestead, FL 33030	31415 SW 193rd Avenue Homestead, FL 33030			
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	egistered Agent. You must designa	ite an indiv	dual o	г
•	9			
<u>George M Marakas</u> Name				
04445 000 400 -1 8				
31415 SW 193rd Avenue Florida street address (P.O. Box M	NOT acceptable)			
	FL 33030			
<u>Homestead</u> City	Zip			
Having been named as registered agent and to accept serve the place designated in this certificate, I hereby accept to capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obliging that the provisions of th	he appointment as registered agent fall statutes relating to the proper a fations of my position as registered 605 F.S	and agree nd complete agent as pr	to act ii e perfoi	n this rmance
	•	C As		
(CONTINUE	D)	TALLAHAS	<u> </u>	
Page 1 of 2		EDANDEL STATE HASSEE FLORIDA	EB : UINY 8 - ANN D	The second

Title:	Name and Address:
"AMBR" = Authorized Meml	per
"MGR" = Manager	
AMBR	George M Marakas
	31415 SW 193rd Avenue
	Homestead, FL 33030
	TIOTIOOIOUU, T E OOOOO
AMBR	Angeliki Aninou
AIVIDI	20505 E. Country Club Drive
	Aventura, FL 33180
	14 1 D. DI
MGR	Kevin R Plummer 906 W Countryside Blvd
	906 W Countryside Bivd
	Bloomington, IN 47403
(Use attachment if necessary) EV: Effective date, if other the ctive date is listed, the date of filing.)	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90
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ARTICLE IV-