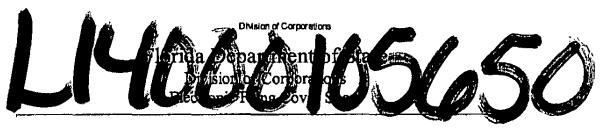
7/2/2014



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(((H14000158466 3)))



H140001584663ABC2

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To:

Division of Corporations

Fax Number : (850) 617-6383

From:

Account Name : HUBCO

Account Number : 104662003400 Phone : (516)935-3940 Fax Number : (800)293-4075

**Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please. **

FLORIDA LIMITED LIABILITY CO.

S K Kotei Consultants LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

IJUL 0 3 2014 U. BRUCE

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AKIYCLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		Consultants LLC	
(1	Must end with the words '	"Limited Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Addre The mailing address as		incipal office of the Limited Liability Company is:	
Principal Office Addi	ress:	Mailing Address:	
1347 East Tennes	see Street	1347 East Tennessee Street	
Tallahassee, FL 32	2308	Tallahassee, FL 32308	
The name and the Flori	ida street address of the re Stan Kotel	egistration.) egistered agent are:	
The name and the Flor	ida street address of the re	•	
The name and the Flor	Stan Kotel 1347 East Tennes	Name	
The name and the Flor	Stan Kotel 1347 East Tennes	egistered agent are:	
The name and the Flor	Stan Kotel 1347 East Tennes Florida street address (I	Name Ssee Street P.O. Box NOT acceptable) FL 32308	
	Stan Kotel 1347 East Tennes Florida street address (I Tallahassee City	Name See Street P.O. Box NOT acceptable) FL 32308 Zip	
Having been named a the place designate capacity: I further ag	Stan Kotel 1347 East Tennes Florida street address (I Tallahassee City s registered agent and to a d in this certificate, I here gree to comply with the pro- am familiar with and accept	Name See Street P.O. Box NOT acceptable) FL 32308	and agree to ac id complete per

Page 1 of 2

H14000158466

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	Otal Maket
AMBR	Stan Kotei
	3111-20 #113 Mahan Drive
	Tallahassee, FL 32308

(Use attachment if necessary)	
LE V: Effective date, if other than the date receive date is listed, the date must be a of filing.)	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the dat	te of filing: (OPTIONAL) pecific and cannot be more than five business days prior to or 9
LE V: Effective date, if other than the date feetive date is listed, the date must be a of filing.) LE VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a m (in accordance with section constitutes an affirmation I am aware that any false.	pecific and cannot be more than five business days prior to or 9 member or an authorized representative of a member. a 605.0203 (1) (b), Florida Statutes, the execution of this documen under the penalties of perjury that the facts stated herein are true. information submitted in a document to the Department of State felony as provided for in s.817.155, F.S.)

Page 2 of 2

