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To:

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

From:

Account Name : SOUTH FLORIDA CORPORATE COUNSEL
Account Number : I20130000065
Phone : (305)343-0597
Fax Number : (305)777-0233

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

Email Address: matkwaram@yahoo.com

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FLORIDA LIMITED LIABILITY CO. KEIMO MULTIMEDIA INVESTMENTS LLC

Certificate of Status	0
Certified Copy	0
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BUREAU OF COMMERCIAL
INFORMATION SERVICES

SEP 16 2014

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COVER LETTER

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TO: Registration Section
Division of Corporations

SUBJECT: KEIMO MULTIMEDIA 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:

MARTIN L. DAMA
Name of Person

KEIMO MULTIMEDIA INVESTMENTS LLC
Firm/Company

5470 NW 114TH AVENUE #103
Address

DORAL, FL 33178
City/State and Zip Code

MATKWARAM@YAHOO.COM
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

MARTIN L. DAMA at (305) 490 1554
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- | | | | |
|---|---|---|--|
| <input checked="" type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &
Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &
Certified Copy
(additional copy is enclosed) | <input type="checkbox"/> \$160.00 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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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KEIMO MULTIMEDIA 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:

5470 NW 114TH AVENUE #103

DORAL, FL 33178

Mailing Address:

5470 NW 114TH AVENUE #103

DORAL, FL 33178

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:

SOUTH FLORIDA CORPORATE COUNSEL ✓

Name

8200 NW 41ST STREET SUITE 200

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

DORAL,

City

FL 33166

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.

South Florida Corporate Counsel

By: Deborah R. Mayo Pres.

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

Name and Address:

MGR

MARTIN L. DAMA
5470 NW 114TH AVE
#103 DORAL FL 33178

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (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.)

MARTIN DAMA
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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DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA