

# L14000168278

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**FLORIDA LIMITED LIABILITY CO.  
KARLVENSKI LLC**

Certificate of Status	0
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STATE OF FLORIDA  
TALLAHASSEE, FLORIDA

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OCT 29 2014

T. BROWN

**ARTICLES OF ORGANIZATION FOR  
FLORIDA LIMITED LIABILITY COMPANY**

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**ARTICLE I**

The Name of the Limited Liability Company shall be: **KARLVENSKI LLC**

**ARTICLE II**

The Company is organized for any legal and lawful purpose for which a limited liability company may be organized pursuant to the act.

**ARTICLE III**

The mailing address and street address of the principal office of the limited liability company is: 5434 N. UNIVERSITY DR. LAUDERHILL, FL 33351

**ARTICLE IV**

The name of the Manager(S) shall be:

**KARL GORDON  
5034 NW 123<sup>RD</sup> AVE  
CORAL SPRINGS, FL 33076**

**DONNA HUIE GORDON  
1365 NW 52<sup>ND</sup> COURT  
LAUDERHILL, FL 33319**

**ARTICLE V**

The name and Florida street address of the registered agent shall be:

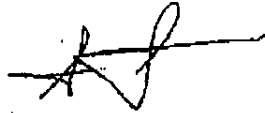
**PHILBERT HILLIMAN  
1860 N. PINE ISLAND RD STE 107  
PLANTATION, FL 33322**

**CERTIFICATE OF DESIGNATION  
REGISTERED AGENT/REGISTERED  
OFFICE/MEMBER/REPRESENTATIVE**

**KARLVENSKI LLC**

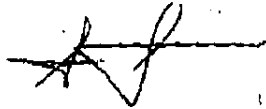
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Having been named as registered agent and to accept service of process for the above stated Limited Liability Company at the place designated in the articles of organization, I hereby accept the appointment as registered agent and agree to act in this capacity. I further agree to comply with provisions of all statutes relating to the proper and complete performance of my duties, and I am familiar with and accept the obligation of my position as registered agent.



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Signature of Registered Agent



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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. )

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**PHILBERT HILLIMAN**

Typed or printed name signee