(Re	questor's Name)	
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(Ad	dress)	
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SECRETARY OF STATE

FEB 0 3 2015 S. YOUNG

COVER LETTER

TO: Registration Division of	n Section Corporations		
SUBJECT: <u>KILLIN</u>	IGTON ASSET MANAGEN Name of Li	MENT, LLC mited Liability Company	
	s of Organization and fee(s) a	•	
<u>Allan M.</u>	Lerner	Name of Person	·
<u>Law Off</u>	ices of Allan M. Lerner, P.A	A. Firm/Company	
<u>2888 Ea</u>	st Oakland Park Boulevar	Address	
Fort Lau	derdale, FL 33306	Sin/State and 7'- Code	ALLAND ME T
edgar.gonzalez	z@sloan.mit.edu	City/State and Zip Code	26 R
For further information	on concerning this matter, ple	ase call:	#CB071 31.V15 80 -4 1
<u>Joanne F, Lerner</u> Na	at (at (954) <u>563-8111</u> Area Code Daytime Te	lephone Number
Enclosed is a check f	or the following amount:		
☑ \$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	□\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
<u>Ma</u>	ulling Address	Street/Courier Add	ress

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:				
KILLINGTON ASSET MANAGEMENT, LLC				
(Must end with the words "Limited L	iability Company, "L.L.C.," or "I	LC.")		
ARTICLE II - Address: The mailing address and street address of the principal office.	ce of the Limited Liability Comp	any is:		
Principal Office Address:	Mailing Address:			
3200 Northeast 14th Street Suite # 267	Same			
Pompano Beach, FL 33062				
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own Reanother business entity with an active Florida registration.)	gistered Agent. You must design	nate an inc	lividu	al or
The name and the Florida street address of the registered ag	gent are:			
Allan M, Lerner	· · · · · · · · · · · · · · · · · · ·		•	
Name				
2888 East Oakland Park Boulev				
Florida street address (P.O. Box N	OT acceptable)			
Fort Lauderdale	FL 33306			
City	Zip			
Having been named as registered agent and to accept servi 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 oblig Chapter	he appointment as registered agen all statutes relating to the proper	it and agri	ee to d lete pe	act in this erformance
Registered Agent's Signatur	V(REQUIRED)	三路	S)	
(CONTINUE) Page 1 of 2))	CORETAIN OF S	JAN 26 PH	FILED
		SEE SEE	\$0 sh	

"AMBR" = Authorized Member "MGR" = Manager MGR	
MIGIN	Edgar C. Gonzalez
(Use attachment if necessary)	
E VI; Other provisions, if any.	
REQUIRED SIGNATURE:	1146
	1166
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false information	per or an authorized representative of a member. 203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of State
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the	203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony and	203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State s provided for in s.817.155, F.S.)
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony and	203 (1) (b), Florida Statutes, the execution of this document ne penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State s provided for in s.817.155, F.S.)
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Signature of a member (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false informat constitutes a third degree felony at Edgar C. Gonzalez	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, tion submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee
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Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the I am aware that any false informate constitutes a third degree felony at Edgar C. Gonzalez T \$125.00 Filing Fee for Articles of Organ	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: State state herein are true.
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the Lam aware that any false informate constitutes a third degree felony at Edgar C. Gonzalez T \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of States provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: State state of Registered Agent
Signature of a memb (In accordance with section 605.0) constitutes an affirmation under the Lam aware that any false informate constitutes a third degree felony at Edgar C. Gonzalez T \$125.00 Filing Fee for Articles of Organ \$ 30.00 Certified Copy (Optional)	203 (1) (b), Florida Statutes, the execution of this document the penalties of perjury that the facts stated herein are true, the submitted in a document to the Department of State is provided for in s.817.155, F.S.) Typed or printed name of signee Filing Fees: State state herein are true.