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## **COVER LETTER**

	egistration Section ivision of Corporations
SUBJECT	: Ari Kan Capital LLC  Name of Limited Liability Company
The enclose	ed Articles of Organization and fee(s) are submitted for filing.
Please retui	rn all correspondence concerning this matter to the following:
	Shaun Bragwan Name of Person
	Firm/Company
	1800 Pyrdy Avr Apl 715 Address
	Migmi Beach FL 33139  City/State and Zip Code
	SPB187 @ yahoo.com  E-mail address: (to be used for future annual report notification)
For further	information concerning this matter, please call:
_Shau	Name of Person at (305) 318 1499  Name of Person Area Code Daytime Telephone Number
Enclosed is	a check for the following amount:
□ \$125.00 Fi	ling Fee
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:
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:  Mailing Address:
1000 5th Street sut 1315 1800 Punly Ave Apt 715
Miami Beach FL 33139 Miami Decch FL 33139
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:  Shayn Bhaswah Name  SUD Purdy Av. Apt 715  Florida street address (P.O. Box NOT acceptable)  Man Beach FL 33139  City Zip  Having been named as registered agent and to accept service of process for the above stated limited liability companyat 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.
Régistered Agent's Signature (REQUIRED)
(CONTINUED)

Page 1 of 2

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
Bon MCR	Shaun Bhagwan 1800 Puny Ave Apt 715 Migan Beach FL 33139	<del></del>
MER	Synifa Bhaguan 1800 Purdy Ave Ast 715 Mam, Beach PL 33139	<u> </u>
fective date is listed, the date must be spec of filing.)	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	  r 90 days
LE V: Effective date, if other than the date of fective date is listed, the date must be specified.	of filing: (OPTIONAL) cific and cannot be more than five business days prior to o	r 90 days
E V: Effective date, if other than the date of fective date is listed, the date must be specifiling.)  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a men (In accordance with section 605 constitutes an affirmation under I am aware that any false inform	of filing:	