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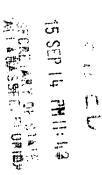
(Re	questor's Name)	
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PICK-UP	WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	





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COVER LETTER

TO: Registration Section Division of Corporations
SUBJECT: Miss K Properties 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:
Haterina Guerra Name of Person
Firm/Company
20410 Marlin Rd.
Address Cuttle Boul FL 33/89 City/State and Zip Code
E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$130.00 Filing Fee & S155.00 Filing Fee & Certificate of Status Certified Copy (additional copy is enclosed) \$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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

\vec{r}		
ARTICLE I - Name: The name of the Limited Liability Company is:		
Miss V Proporties	110	
(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	<u>88</u> :	
20410 Marlin Rd Cutter Boy, FL 33189		
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 indivanother business entity with an active Florida registration.)	vidual or	
The name and the Florida street address of the registered agent are:		
Haterina Guerra		
20110 Martin Pd		
Florida street address (P.O. Box NOT acceptable)		
Cutter Ray El 23189		
City State Zip		
laving been named as registered agent and to accept service of process for the above stated limited liabilit lace designated in this certificate, I hereby accept the appointment as registered agent and agree to act in urther agree to comply with the provisions of all statutes relating to the proper and complete performance m familiar with and accept the obligations of my position as registered agent as provided for in Chapter 6	this capacity. I of my duties, and I	r
Katerina Guerra		
Registered Agent's Signature (REQUIRED)		
(CONTINUED)		
Page 1 of 2	SEP SEP	1
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<u>Title:</u> "AMBR" = Authoriz e d Member	Name and Address:
"MGR" = Manager	
Manager	Katerina Guerra
0	Cutter bay, FC 33189
	_Cutter bay, FC 33189
	,
	<u> </u>
Use attachment if necessary)	
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