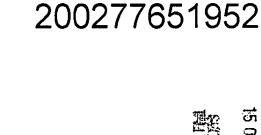
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COVER LETTER

15 OCT -6 PH 12: 59

Division of Corporations KPL Enterprises SUBJECT: 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: Kash Fallahzadeh Name of Person **KPL** Enterprises Firm/Company 343 SW 13th Avenue Address Pompano Beach, FL 33069 City/State and Zip Code kash@profifm.com E-mail address: (to be used for future annual report notification) For further information concerning this matter, please call: Kash Fallahzadeh 599-2981 Area Code Daytime Telephone Number Name of Person Enclosed is a check for the following amount: \$155.00 Filing Fee & \$125.00 Filing Fee \$130.00 Filing Fee & \$160.00 Filing Fee,

Mailing Address

TO:

Registration Section

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

Certificate of Status

Street Address

Certified Copy

(additional copy is enclosed)

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

Certificate of Status &

(additional copy is enclosed)

Certified Copy

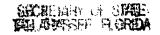


ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT -6 PM 12: 59



KPL Enterprises 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:	Mailing Address:
343 SW 13th Ave Pompano Beach, FL 33069	PO Box 268751 Weston, FL 33326
E III - Registered Agent, Registered Office, & Regist	tered Agent's Signature:

ARTICL

(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:

	Name	
343 SW 13th Ave		
Florida street address	s (P.O. Box NOT ac	cceptable)
Pompano Beach	FL	33069
i Ompano Deach		

Having been named as registered agent and to accept service of process for the above statest limited liability company at the place designated in this certificate, I hereby accept the appointment as registered agent and agree poact 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 about as provided for in Chapter 605, F.S..

> Registered Agen 's Signature (REQUIRED)

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ARTICLE IV-The name and address of each person authorized to manage and control the Limited Liability Company: 6 PM 12: 59 Name and Address: SHOPE AND SPEED "AMBR" = Authorized Member MANUSCH GORDA "MGR" = Manager Patrick Cueva AMBR 343 SW 13th Ave Pompao Beach, FL 33069 **AMBR** Kash Fallahzadeh 343 SW 13th Ave Pompano Beach, FL 33069 **AMBR** Michael Loudis 343 SW 13th Ave Pompano Beach, FL 33069 (Use attachment if necessary) **ARTICLE V:** Effective date, if other than the date of filing: (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.) Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records. ARTICLE VI: Other provisions, if any. **REOUIRED SIGNATURE:** Signature of a member or an authorized representative of a member. This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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. Kash Fallahzadeh Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

Page 2 of 2

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)