L15000183981

| (Re | equestor's Name) | | | | |
|---|--------------------|-------------|--|--|--|
| (Ad | ldress) | | | | |
| (Ad | idress) | | | | |
| (Ci | ty/State/Zip/Phone | e #) | | | |
| PICK-UP | ☐ WAIT | MAIL | | | |
| (Business Entity Name) | | | | | |
| (Document Number) | | | | | |
| Certified Copies | _ Certificates | s of Status | | | |
| Special Instructions to Filing Officer: | | | | | |
| | | | | | |
| | | | | | |
| | | | | | |
| · | | | | | |

Office Use Only



600244374556

11/02/15--01003--024 **155.00

15 NOV -2 AM 1: 00
SECRETARY OF STATE

COVER LETTER

| TO: | Registration Section Division of Corporations | | | | | | |
|------------------|---|--|--|--|--|--|--|
| CUD IE | KLA TRANSPORTATION, LLC | | | | | | |
| SUBJEC | Name of Limited Liability Company | - | | | | | |
| The encl | nclosed Articles of Organization and fee(s) are submitted for filing. | | | | | | |
| Please re | e return all correspondence concerning this matter to the following: | | | | | | |
| | 800 Brickell Avenue, Suite 1501 | | | | | | |
| | Name of Person | | | | | | |
| | Richard N. Krinzman, Esquire | | | | | | |
| | Firm/Company | | | | | | |
| | Krinzman, Huss & Lubetsky | | | | | | |
| | Address | | | | | | |
| | Miami, Florida 33131 | | | | | | |
| | City/State and Zip Code | | | | | | |
| | rnk@khllaw.com E-mail address: (to be used for future annual report notification) | ··· | | | | | |
| or furthe | ther information concerning this matter, please call: | | | | | | |
| | Richard N. Krinzman, Esq. 305 854-9700, Extension 202 | _ | | | | | |
| | Name of Person Area Code Daytime Telephone Number | | | | | | |
| Enclosed | sed is a check for the following amount: | | | | | | |
| \$ 125.00 | Certificate of Status Certified Copy Certificational copy is enclosed) Certified | Filing Fee, te of Status & Copy copy is enclosed) | | | | | |
| | Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 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: | | | | |
|--|---|--|---|---|--|
| | KLA TRANSPO | | | | |
| (Must end w | vith the words "Limite | ed Liability Con | npany, "L.L.C.," or "LLC.") | | |
| ARTICLE II - Address: The mailing address and street ad | dress of the principal | office of the Li | mited Liability Company is: | | |
| Principal Office Address: | | | Mailing Address: | | |
| 16400 NE 31st Avenue | | | 16400 NE 31st Avenue | | |
| North Miami Beach, FL 33160 | | | North Miami Beach, FL 33160 | | |
| The name and the Florida street a | | ed agent are: d N. Krinzman, Name | Esquire | | |
| | 800 Briel | cell Avenue, Su | ite 1501 | | |
| Florida street address (P.O. Box NOT acceptable) | | | | | |
| | Miami | FL | 33131 | | |
| | City | State | Zip | | |
| Having been named as registered ay place designated in this certificate, t further agree to comply with the pro am familiar with and accept the obl | I hereby accept the ap ovisions of all statutes igations of my position | pointment as reg relating to the p ras pognistured a | gistered agent and agree to act in roper and complete performance gent as provided for in Chapter 6 gignature (REQUIRED) | this capacity. I of my duties, and I | |

Page 1 of 2

15 NOV -2 AM 1:00

The name and address of each person authorized to manage and control the Limited Liability Company: Title: Name and Address: "AMBR" = Authorized Member "MGR" = Manager Kate Anagnostou <u>AMB</u>R 16400 NE 31st Avenue North Miami Beach, FL 33160 George Anagnostou **AMBR** 16400 NE 31st Avenue North Miami Beach, FL 33160 (Use attachment if necessary) _. (OPTIONAL) 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. REQUIRED SIGNATURE Signature of a member or ap 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. Richard N. Krinzman, as Registered Agent/Attorney for the company Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

ARTICLE IV-

Page 2 of 2