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COVER LETTER

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TO: Registration Section Division of Corporations
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:
NiTZA KOPLAN Name of Person
Firm/Company
3480 Behring TERR.
The Villages FL 32163 City/State and Zip Code NKOPIAN 9 @ GMAI Com E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Nitza Koplan at (205) 246-7100 Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount: \$\frac{125.00 \text{ Filing Fee}}{\text{Certificate of Status}} \frac{130.00 \text{ Filing Fee} & \text{Certified Copy} & \text
Mailing AddressStreet AddressNew Filing SectionNew Filing SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE Division of Corporations

15 OCT 30 AH II: 02
TALLAHASSEL V LOMDA

September 17, 2015

NITZA KOPLAN 3480 BEHRING TERR. THE VILLAGES, FL 32163

SUBJECT: NKAK, LLC

Ref. Number: W15000061544

We have received your document for NKAK, LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

The registered agent must sign accepting the designation.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Claretha Golden Regulatory Specialist II New Filing Section

Letter Number: 215A00019684

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

FILED

ARTICLE I - Name:

The name of the Limited Liability Company is:

15 OCT 30 PM 3.31

NKAK, 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:	
3480 Behring Terr. The Villages, FL. 32163	3480 Beheing TERR The Villages, FL 32163	

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:

NiTZA Koplan

Name

3480 Behring Terr.

Florida street address (P.O. Box NOT acceptable)

The Villages FL 32163

City State Zip

Having been named as registered agent and to accept service of process for the above stated limited liability company at 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

. Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager AMS R	NITZA KODIAN 3480 BolhRING TERR.
AMBR	The Villages, Ft 32163 Allan Koplan 3480 Behping Terr The Villages, FL 32163
(If an effective date is listed, the date must be spe the date of filing.)	of filing: OCTOBER 1 2015. (OPTIONAL) cific and cannot be more than five business days prior to or 90 days after eet the applicable statutory filing requirements, this date will not be listed as of State's records.
ARTICLE VI: Other provisions, if any.	
REQUIRED SIGNATURE: Signature of a mer	nber or an authorized representative of a member.

Filing Fees:

T'ZA COLAN

Typed or printed name of signee

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

ARTICLE IV-

\$ 5.00 Certificate of Status (Optional)

Page 2 of 2

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