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SECKLIARY OF SIMIE DIVISION OF CORPORATIONS

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S. PRATHER

COVER LETTER

	tegistration Section Division of Corporations		
SUBJECT	KRHK, LLC		
SUBJECT	Name of Limited Liability Company		
The enclos	sed Articles of Organization and fee(s) are	submitted for filing.	
Please retu	urn all correspondence concerning this mat	ter to the following:	
	Dennis Kunin		
		Name of Person	
	d/b/a Deli Inn DiN€ へ		
		Firm/Company	
	1494 S Military Trail		
		Address	
	West Palm Beach, FL 33415		
	Cit Denniskunin@yahoo.com	ty/State and Zip Code	
		or future annual report notification)	
For further i	information concerning this matter, please	call:	
	Dennis Kunin 561		
		ea Code Daytime Telephone Number	
Enclosed i	s a check for the following amount:		
∑ \$125.00 F	Filing Fee \$\bigs\\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) Certified Copy (additional copy is enclosed)	
	Mailing Address New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street Address New Filing Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liabilit	y Company is:			
KRHK, LLC	with the words "Limited	d Liability Com	pany, "L.L.C.," or "LLC.")	_ 1 6,
	With the Words Elimite	a Elabinty Con	pany, E.D.O., or EBO.	A
ARTICLE II - Address: The mailing address and street ad	dress of the principal o	office of the Lin	nited Liability Company is:	25
Principa	al Office Address:		Mailing Address:	PH -
1494 S Military Trail			1494 S Miltary TRail	- - - - -
West palm Beach, FL 33415			West Palm Beach, FL 33415	_ w
another business entity with an a The name and the Florida street a	•	d agent are:		
	Florida street addres	ss (P.O. Box No	OT acceptable)	
	Lake Worth	FL	33460	
	City	State	Zip	
place designated in this certificate, further agree to comply with the pr	I hereby accept the app ovisions of all statutes re ligations of my position	cointment as reg elating to the p as registered a	or the above stated limited liability company of istered agent and agree to act in this capacity roper and complete performance of my duties gent as provided for in Chapter 605, F.S	y. I

(CONTINUED)
Page 1 of 2

	Name and Address:
<u>Title:</u> "AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	Dennis Kunin
	304 4th Avenue South
	Lake Worth, FL 33460
	Lare Woldi, 113 33 Too
·	
	
(Use attachment if necessary)	
	(00)
	ate of filing: (OPTIONAL)
	specific and cannot be more than five business days prior to or 90 days a
te of filing.)	
	ot meet the applicable statutory filing requirements, this date will not be list
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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.

DENNIS KUNIN

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)