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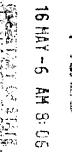
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PICK-UP	☐ WAIT	MAIL
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Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

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COVER LETTER

TO:	Registration Section Division of Corporations
CLID IT	KITTIWAKE, LLC
SUBJE	Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	JONATHAN MARGOLIES
	Name of Person
	KITTIWAKE, LLC
	Firm/Company
	7B EASTGATE
	Address
	BOYNTON BEACH, FL 33434
	City/State and Zip Code
	NYPGA@AOL.COM E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	SHANNON STOREY EWING 561 629-4143
	Name of Person Area Code Daytime Telephone Number
Enclose	ed is a check for the following amount:
\$125.0	O Filing Fee \$\ \times \text{S130.00 Filing Fee & Certificate of Status} \times \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & 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 Liability Company is:	
KITTIWAKE, LLC	
(Must end with the words "Limited Liab	oility 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:
7B EASTGATE	7B EASTGATE
BOYNTON BEACH, FL 33436	BOYNTON BEACH, FL 33436
ARTICLE III - Registered Agent, Registered Office, & Ro (The Limited Liability Company cannot serve as its own Regi another business entity with an active Florida registration.)	
The name and the Florida street address of the registered ager	nt are:
JONATHAN MARGOLI	ES
Na	me

7B EASTGATE

BOYNTON BEACH City

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. Ifurther 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..

State

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

(CONTINUED)

(REQUIRED)

33436

Zip

Page 1 of 2

Title:	Name and Address:
"AMBR" ≈ Authorized Member	
"MGR" = Manager	
MGR	JONATHAN MARGOLIES
Marin Member	7B EASTGATE
laraging Member	BOYNTON BEACH, FL 33436
AMBR	SHANNON STOREY EWING
THE PARTY OF THE P	1017 SW 28TH AVENUE
	BOYNTON BEACH, FL 33426
	BOTTION BEHON, 12 33 120
(Use attachment if necessary)	
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ARTICLE IV-