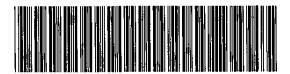
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(Req	uestor's Name)	·
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Certified Copies	Certificate	s of Status
Special Instructions to F	Filing Officer:	•

Office Use Only

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TALLAMASSEE TLOITE

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COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Rizk Real Name of Limited	Liab lity Company
The enclosed Articles of Organization and fee(s) are subr	nitted for filing.
Please return all correspondence concerning this matter to	the following:
Janet R	er of Person
Rizk Re	alty
Fir	m/Company
1412 Perth	Address
	ate and Zip Code Natsonreally corp. com ture annual report notification)
For further information concerning this matter, please call:	
Janet Rizk at 90 Name of Person Area Co	Ode Daytime Telephone Number
Enclosed is a check for the following amount:	
Certificate of Status	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy ditional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
Mailing Address	Street Address
New Filing Section Division of Corporations	New Filing Section Division of Corporations
P.O. Box 6327 Tallahassee, FL 32314	Clifton Building 2661 Executive Center Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Kizk Kea	Hy L.L.C.
(Must end with the words "Limited Liabi	lity Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal office o	f the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1412 Perth Rd Jacksonville-EL	1412 RerthRd

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:

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

Janet Rizk

Name

1412 Perth Rd

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

Jocksonville FL 32221

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

(Use attachment if necessary) LE V: Effective date, if other than the date of filing: LE V: Effective date, if other than the date of filing: Sept. 23 2016 (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) The date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. LE 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 and 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. 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)	Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:	
(Use attachment if necessary) E. V: Effective date, if other than the date of filing: Sept. 23 2016 (OPTIONAL) Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 of filing.) If the date inserted in this block does not meet the applicable statutory filing requirements, this date will no ment's effective date on the Department of State's records. E. VI: Other provisions, if any. REOURED 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. Tanch Rizk Typed or printed name of signee Filing Fees: \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certificate Copy (Optional) \$5.00 Certificate of Status (Optional)	MGR - Manager MGR	Janet Rizk 1412 Perth Rd Jacksonville, FL	32221
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