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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.
Account Number : I20000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

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**FLORIDA LIMITED LIABILITY CO.
KLIVAC LLC**

Certificate of Status	1
Certified Copy	0
Page Count	04
Estimated Charge	\$130.00

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CLERK OF STATE
TALLAHASSEE, FLORIDA

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Help

Florida Department of State
Attention: New Filings Section

To whom it may concern:

This is to advise that the owners of

KLIVAC, INC.

of Document # P18000095753

are the same owners of the attached articles. We have dissolved the company and have no intention of reopening it.

Thank you for your help in this matter.

Thanks,

MONICA VALIENTE

ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: *(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")*

KLIVAC LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

**13935 SW 145 PLACE
MIAMI, FL 33186**

ARTICLE III - Registered Agent, Registered Office:

The name and the Florida street address of the registered agent are: *(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.)*

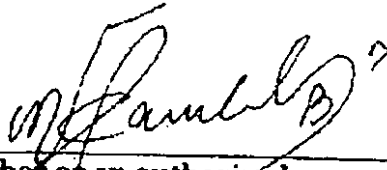
**MONICA VALIENTE
13935 SW 145 PLACE
MIAMI, FL 33186**

ARTICLE IV:

The name and title of each person authorized to manage and control the Limited Liability Company:

**MGR:
MONICA VALIENTE
13935 SW 145 PLACE
MIAMI, FL 33186**

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Required Signatures:

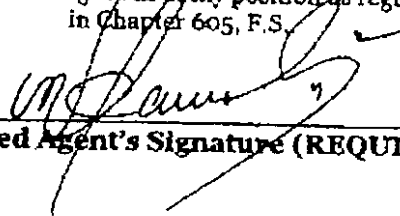
Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

MONICA VALIENTE

Typed or printed name of signer

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)

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