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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : C T CORPORATION SYSTEM

Account Number : FCA0000000023 : (614)280-3338 Phone Fax Number : (954)208-0845

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

Email Address:\_

## FLORIDA LIMITED LIABILITY CO. NEW KALEIDOSCOPE VENTURES LLC

Certificate of Status	Û
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ARTICLE I - Name:

The name of the Limited Liability Company is:

NEW KALEIDOSCOPE VENTURES, LLC

(Must contain 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:

40 S.W. 13TH STREET, SUITE 201-A	40 S.W. 13TH STREET, SUITE 201-A
MIAMI, FLORIDA 33130	MIAMI, FLORIDA 33130

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:

CT Corporation Sys	aem	
	Name	
1200 South Pine Isl	and Road	
Florida street addres	is (P.O. Box <u>NOT</u> arc	eptable)
Plantation.	Florida	33324
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..

C T Corporation System

(c) Kimberly Laughrey - Asst. Sec.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

**STEWART INTERCONTINENTAL, INC.**  **AMBR**  **AMBR**  **MGR**  **MICHELLE STEWART**  **40 S.W. 13TH STREET, SUITE 201-A**  **MIAMI, FLORIDA 33130*  **MICHELLE STEWART**  **40 S.W. 13TH STREET, SUITE 201-A**  **MIAMI, FLORIDA 33130*  **AMBR**  **AMBR**  **KYRA ANDERSON**  **ANDERSON**  **AUS.**  **AUS.**	$\frac{\text{Title:}}{\text{"}\Delta MRR"} = \Delta t$	athorized Member	Name and Address:
MGR  MICHELE STEWART  MIAMI, FLORIDA 33130  MICHELE STEWART  40 S.W. 13TH STREET, SUITE 201-A  MIAMI, FLORIDA 33130  AMBR  MICHELE STEWART  40 S.W. 13TH STREET, SUITE 201-A  MIAMI, FLORIDA 33130  AMBR  KYRA ANDERSON  40 S.W. 13TH STREET, SUITE 201-A  MIAMI, FLORIDA 33130  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 or of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unment's effective date on the Department of State's records.  T.E. VI: Other provisions, if any.  REQUIRED SIGNATURE:  MICHELE STEWART  Typed or printed name of signee  Filing Fees;  \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent  \$25			
MIAMI, FLORIDA 33130  MICHELLE STEWART  40 S.W. 13TH STREET, SUITE 201-A MIAMI, FLORIDA 33130  AMBR  KYRA ANDERSON 40 S.W. 13TH STREET, SUITE 201-A MIAMI, FLORIDA 33130  KYRA ANDERSON 40 S.W. 13TH STREET, SUITE 201-A MIAMI, FLORIDA 33130  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (CPTIONAL)  ffective date is listed, the date must be specific and cannot be more than five business days prior to or 90 to of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unneat's effective date on the Department of State's records.  I.E VI: Other provisions, if any.  REQUERED SIGNATURE:  Michelle Stewart  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.  MICHELLE STEWART  Typed or printed name of signee  \$ 30.00 Certified Copy (Optional)			STEWART INTERCONTINENTAL, INC.
MGR  MICHELLE STEWART  40 S.W. 13TH STREET, SUITE 201-A  MIAMI, FLORIDA 33130  KYRA ANDERSON  40 S.W. 13TH STREET, SUITE 201-A  MIAMI, FLORIDA 33130  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  Michelle Stewart  If the 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 not unneat's effective date on the Department of State's records.  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Michelle Stewart  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.  MICHELLE STEWART  Typed or printed name of signee  Filling Fees:  \$ 125.00 Filling Fee for Articles of Organization and Designation of Registered Agent  \$ 30.00 Certified Copy (Optional)			
AMBR  KYRA ANDERSON  40 S.W. 13TH STREET, SUITE 201-A  MIAMI. FLORIDA 33130  KYRA ANDERSON  40 S.W. 13TH STREET, SUITE 201-A  MIAMI. FLORIDA 33130  (Use attachment if necessary)  LE V: Effective date, if other than the date of filing:  (OPTIONAL)  Rective date is listed, the date must be specific and cannot be more than five business days prior to or 90 er of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not unneat's effective date on the Department of State's records.  I.E VI: Other provisions, if any.  RECHIRED SIGNATURE:  MICHELLE STEWART  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent \$30.00 Certified Copy (Optional)			MIAMI, I CORIDA 33330
MIAMI, FLORIDA 33130  KYRA ANDERSON 40 S.W. 13TH STREET, SUFTE 201-A MIAMI, FLORIDA 33130  (Use attachment if necessary)  LEV: Effective date, if other than the date of filing:  (OPTIONAL)  ffective date is fisted, the date must be specific and cannot be more than five business days prior to or 90 er of filing.)  If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not turnent's effective date on the Department of State's records.  LEVI: Other provisions, if any.  RECHIRED SIGNATURE:  Michelle Stewart  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.  MICHELLE STEWART  Typed or printed name of signee  Filling Fees: \$ 30.00 Certified Copy (Optional)	MGR		
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