From: Vcorp Services, LLC Page 1 of 2

:4

Florida Department of State

Division of Corporations **Electronic Filing Cover Sheet**

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To:

Division of Corporations

Fax Number : (850) 617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : 120080000067

Phone : (845) 425-0077 Fax Number : (845) 818-3588

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

Email Address:

FLORIDA LIMITED LIABILITY CO.

Kinyan JK4 LLC

Certificate of Status	U
Certified Copy	0
Page Count	02
Estimated Charge	S125.00

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Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

To: 18506176383

The name of the Limited Liability Company is:

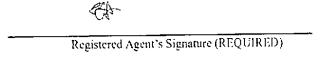
Kinyan JK4 LLC (Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

<u>Principa</u>	d Office Address:		Mailing Ad	ldress:
5225 Collins Ave #15	501	522	5 Collins Ave #1501	
Miami Beach, FL 33		Mia	imi Beach, Fl. 33140	
ARTICLE III - Registered Age The Limited Liability Company	cannot serve as its own	i Registered Agent.	You must designate an	individual or
	address of the registere			; ;
		d agent arc:		
another business entity with an a	address of the registere	d agent arc: Name	acceptable)	
	Ezra Birnbaum 5225 Collins Ave #	d agent arc: Name	acceptable) 33140	. OD

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, Thereby 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.,



(CONTINUED)

		Name and Address:
AMBR'' = Aut	horized Member	
MGR" = Mana		P
AMBR	 	Ezra Birnbaum
		5225 Collins Ave #1501 Miami Beach, FL 33140
		Miami Beach, FL 35140
V: Effective ctive date is lis	•	f filing: (OPTIONAL) ific and cannot be more than five business days prior to or 90 c
of filing.) the date inserte	date, if other than the date of ted, the date must be spec-	f filing:
E V: Effective sective date is list filling.) the date insertement's effective EVI: Other pro	date, if other than the date of sted, the date must be special in this block does not me added on the Department of ovisions, if any.	et the applicable statutory filing requirements, this date will not 'State's records
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EV: Effective ctive date is list filling.) the date insertement's effective EVI: Other pro	date, if other than the date of sted, the date must be special in this block does not meet date on the Department of ovisions, if any. Signature of a men This document is execute from aware that any false.	et the applicable statutory filing requirements, this date will not in State's records aber or an authorized representative of a member. d in accordance with section 605.0203 (1) (b), Florida Statutes, information submitted in a document to the Department of State.