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To:

Fax: 19549894991

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : SALOMON B. ESQUENAZI, P.A.

Account Number : I20130000020 Phone : (954)989-4995

Fax Number : (954)989-4991

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

Email Address: corporate@esquenazi-law.com

### FLORIDA LIMITED LIABILITY CO. KING STREET INVESTMENT LLC

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Page Count	02
Estimated Charge	\$160.00

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Audit No.: H21000219635 3

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I. Name

The name of the Limited Liability Company is:

To:

#### KING STREET INVESTMENT LLC

#### ARTICLE II. - Address

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

1690 South Bayshore Lane, Apt. 4A, Miami, FL 33133

# ARTICLE III. – Registered Agent, Registered Office, & Registered Agent's Signature:

The name and the Florida street address of the registered agent are:

#### Corporate Solutions of South Florida, Inc.

4651 Sheridan Street Suite 355 Hollywood, FL 33021

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 605, Florida Statutes.

REGISTERED AGENT:

Corporate Solutions of South Florida, Inc.

Salomon B. Esquenazi President

Audit No: H21000219635 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995 Audit No. H21000219635 3

#### ARTICLE IV. - Management:

The Limited Liability Company is to be managed by one or more managers and is, therefore, a manager-managed company. The name and address of the manager who is to serve as initial manager is:

#### Claudia Domenech

1690 South Bayshore Lane,

Apt. 4A,

Miami, FL 33133

Signature of a member or pathofized representative of a member.

In accordance with secron 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.

4826-2559-0253, v. 1

Audit No.: H21000219635 3 This instrument was prepared by: Salomon B. Esquenazi, P.A. 4651 Sheridan Street, Suite 355 Hollywood, FL 33021 (954) 989-4995