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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 annual report mailings. Enter only one email address please. \*\*

Email Address:

# FLORIDA LIMITED LIABILITY CO. PDKK Group LLC

Certificate of Status	0
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Help

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITEDIJABILITY COMPANY

ART	ICL	E I	- Nar	ne:
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The name of the Limited Liability Company is:

PDKK Group 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:

 4106 N 50th Ave
 4106 N 50th Ave

 Hollywood, FL 33021
 Hollywood, FL 33021

### 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:

Veorp Services,	Name	<del>_</del>
5011 South State	Road 7, Suite 106	
Florida street ad	iress (P.O. Box <u>NOT</u> ac	cceptable)
Davie	F <u>L</u>	33314
City	State	Zio

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..

Japan Te	
Registered Agent's Signature (REQUIRED)	

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SECRETARY OF STATE

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Page: 3 of 3

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

Title:		Name and Address:		
	uthorized Member			
"MGR" = Ma	nager	David Kasabal		
AMBR		David Korchak 4106 N 50th Ave	<del></del>	
		Hollywood, FL 33021		
		Holly wood, 1 C 33021	<del></del>	
AMBR		Philip Knoll		
7111111	<del></del>	180 Victory Blvd		
		New Rochelle, NY 10804		
	<del></del>			
(Use attachme	ent if necessary)			
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	constitutes a third degi	ree felony as provided for in s.817.155, F.S.		
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	Taylor Lorya	Typed or printed name of signee		
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