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To:

Division of Corporations

Fax Number : (850)617-6381

From:

÷ 65

Account Name : KIJOENNA SERVICES INC

Account Number : I20080000033 Phone : (305)644-3055 Fax Number : (305)644-3052

\*\*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. 1315 VAN BUREN ST LLC

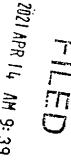
Certificate of Status	0
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## **COVER LETTER**

	New Filing Sec Division of Cor				
SUBJEC		BUREN STILLC			
SOBJEC	1:	Name of Lim	ited Liabilit	y Company	
The enclo	sed Articles of	Organization and fcc(s) are	submitted i	or filing.	
Please ret	um all correspo	ondence concerning this ma	tter to the fo	llowing:	
	ENNA DIEF	PPA			
			Name of I	erson	
	KRISJOENS	NA SERVICES INC			
			Firm/Con	npany	· · · · · · · · · · · · · · · · · · ·
	2141 SW 1 S	ST STE 110			
			Addre	SS	
	MIAMI FL :	33135			
	KRISJOENN	Ci A@YAHOO.COM	ty/State and	Zip Code	
		E-mail address: (to be used	for future as	mual report notificati	on)
For further	information co	ncerning this matter, please	call:		
	ENNA DIÉP	PA ai (		7864997132	
	Nam		ea Code	Daytime Telephon	e Number
Enclosed	is a check for t	he following amount:			
□\$125.0	0 Filing Fee	_3130.00 Filing Fee & Certificate of Status	Certifie	.00 Filing Fee & d Copy l copy is enclosed)	□\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	<u>Mailir</u>	ng Address	;	Street Address	

New Filing Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

New Filing Section Division The Centre of Tallahassee 2415 N. Monroc Street, Suite 810 Tallahassee, FL 32303



# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ART	CI	FI	_ No	me.

The name of the Limited Liability Company is:

#### 1315 VAN BUREN STILLC

(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:
1315 VAN BUREN ST	POBOX 1904
HOLLYWOOD, F1 33019	HALLANDALE ST. 33008

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:

JOSE E REYES		
	Name	-
1315 VAN BUREN	ST	
Florida street addres.	s (P.O. Box <u>NOT</u> ac	cceptable)
HOLLYWOOD	FL	33019
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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## ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
AMBR	JOSE REYES 1315 VAN BUREN ST. HOLLYWOOD FL 33019
MGR	MARCELA M AGUERO 1315 VAN BUREN ST. HOLLYWOOD FL 33019
MGR	SOPHIA I REYES 1315 VAN BUREN ST. HOLLYWOOD FL 33019
(Use attachment if necessary)	
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nament's effective date on the Department's	
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.) If the date inserted in this block does nament's effective date on the Department's	not meet the applicable statutory filing requirements, this date will not be listed
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does ument's effective date on the Departs  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is early constitutes a third of the constitutes at third of the constitutes.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  Which will be listed by the filing requirements, this date will not be listed ment of State's records.  Which will be listed by the filing requirements, this date will not be listed ment of State's records.  Which will be listed by the filing feet of a member. The filing feet is a document to the Department of State legree felony as provided for in s.817.155, F.S.  Typed or printed name of signee
LE V: Effective date, if other than the ffective date is listed, the date must be of filing.)  If the date inserted in this block does ument's effective date on the Departs  LE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of This document is early constitutes a third of the constitutes at third of the constitutes.	not meet the applicable statutory filing requirements, this date will not be listed ment of State's records.  Which will be listed be