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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : 120000000019
Phone : (305)552-5973
Fax Number : (305)675-5944

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## FLORIDA LIMITED LIABILITY CO. KHAOS CONSTRUCTION LLC

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2ND REQUEST

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

KHAOS CONSTR	UCTION LLC		
(Must conta	in the words "Limited Lia	bility Company.	"L L.C" or "LLC.")
ARTICLE II - Address:			
The mailing address and street ad	dress of the principal offic	e of the Limited	Liability Company is:
<u>Principa</u>	l Office Address:		Mailing Address:
7860 SW 173 TERRA	CE.	7860	SW 173 TERRACE
MIAMI, FL. 33157			
ARTICLE III - Registered Agei The Limited Liability Company o	nt. Registered Office, & cannot serve as its own Re	Registered Agei gistered Agent.	
MIAMI, FL. 33157  ARTICLE III - Registered Ages The Limited Liability Company of the business entity with an action of the name and the Florida street a	nt. Registered Office, & cannot serve as its own Re ctive Florida registration.)	Registered Age gistered Agent.	nt's Signature;
ARTICLE III - Registered Ages The Limited Liability Company of mother business entity with an ac-	nt. Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag	Registered Ager egistered Agent.	nt's Signature;
ARTICLE III - Registered Ages The Limited Liability Company of mother business entity with an ac-	nt. Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag	Registered Age gistered Agent.	nt's Signature;
ARTICLE III - Registered Ages The Limited Liability Company of mother business entity with an ac-	nt. Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag	Registered Agent.	nt's Signature:
ARTICLE III - Registered Ages The Limited Liability Company of mother business entity with an ac-	nt. Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag  KEVIN A CALIENES	Registered Agent. gent arc. lame	nt's Signature: You must designate an individu
ARTICLE III - Registered Ages The Limited Liability Company of mother business entity with an ac-	nt. Registered Office, & cannot serve as its own Rective Florida registration.)  ddress of the registered ag  KEVINA CALIENES  N  7860 NW 173 TERRAC	Registered Agent. gent arc. lame	nt's Signature: You must designate an individu

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..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

7177.1	
<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Maria de la companya
AWAK	KEVIN A CALIENES 7860 SW 173 TERRACE
	MIAMI, FL 33157
	<u> </u>
<del></del>	
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the dat	e of filing: (OPTIONAL)
(if an effective date is listed, the date must be s	pecific and cannot be more than five business days prior to or 90 days afte
the date of filing.)	
the document's effective date on the Department	meet the applicable statutory filing requirements, this date will not be listed
the document's effective date on the Department	t of State's records.
A PATTE OF TAXABLE AND A SECOND SECON	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
ARTICLE VI: Other provisions, if any.	
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REQUIRED SIGNATURE:	1 6.6
	n. A. Calm
REQUIRED SIGNATURE: Signature of a m	ember or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a m This document is exect	tember or an authorized representative of a member.
REQUIRED SIGNATURE:  Signature of a m  This document is exect I am aware that any fals	nember or an authorized representative of a member, ited in accordance with section 605.0203 (1) (b). Florida Statutes, se information submitted in a document to the Department of State
REQUIRED SIGNATURE:  Signature of a m  This document is exect I am aware that any fals	tember or an authorized representative of a member.

Typed or printed name of signee

Filing Fees: S125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)