AP

Florida Department of

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To:

Division of Corporations

3052201440

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone

: (305)552-5973

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

Address:			
	Address:	Address:	Address:

FLORIDA LIMITED LIABILITY CO. KMS SUPPLIES ALUMINUM WOOD LLC

Certificate of Status	1
Certified Copy	0
Page Count	03
Estimated Charge	\$130.00

ARTICLES OF ORGANIZATION FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

3052201440

The name of the Limited Liability Company is: 1960 and 1960 the name Common Company Company

KMS SUPPLIES ALUMINUM WOOD LLC

ARTICLE II - Address:

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

1425. SIV sth st APD, Marin, FZ. 33135

ARTICLE III - Registered Agent. Registered Office:

The name and the Florida street address of the registered agent are: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entry with an active Florida registration.)

Kin dey Machado Sequeisa 1425 SW 5th st ap 2, Haming 33135

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

Kin Ley Machado Sequeira AMBR

Required Signatures:

Signature of a member or an authorized representative of a member.

In accordance with section 605.0203 (1) (b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. 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.

Typed or printed name of signee

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 the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the provisions of all statutes relating to the proper and complete performance of my duties, and the proper and complete performance of my duties.

Registered Agent's Signature (REQUIRED)