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To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : LAZARUS CORPORATE FILING SERVICE, INC.

Account Number : I20000000019 Phone : (305)552-5973 Fax Number : (305)675-5944

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FLORIDA LIMITED LIABILITY CO. KING SOLUTIONS GROUP, LLC

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

Electronic Filing Menu

Corporate Filing Menu

Help

ARTICLES OF ORGANIZATION FOR FLORIDA LILMITED LIABILITY COMPANY

ARTICLE I - Name:

KING SOLUTIONS GROUP, 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:

10900 NW 21ST STREET SUITE 100

10900 NW 21st SUITE 100

DORAL, FL. 33172

DORAL, Fl. 33172

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:

AMIT ARORA

Name

10900 NW 21st Street Suite 100

Florida street address (P.O. Box NOT acceptable)

Doral

FL

33172

Miami

State

Zlp

Having been named as registered agent and to accept service of process for the above stated limited llability 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 provide for in chapter 605, F.S.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV ~	
The name and address of each person aut	horized to manage and control the Limited Liability Company:
<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	
"MGR" = Manager	
AMBR	AMIT ARORA
	10900 NW 21 ⁵⁷ Suite 100
	Doral, Fl. 33172
(Use-attachment if necessary)	
ARTICLE VI: Other provisions, if any	
REQUIRED SIGNATURE:	

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

This document is executed in accordance with section 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.

24 OCT 11 AM 3: 52

SECRETARY OF STATE SECRETARY OF STATE INJURY OF THE