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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.  
BK Global Holdings LLC**

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
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| Page Count            | 02       |
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T.S.H.  
12/9/24

**ARTICLES OF ORGANIZATION  
FOR  
BK GLOBAL HOLDINGS LLC  
A FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: BK Global Holdings LLC

**ARTICLE II – Address:**

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

**Principal Office Address:**

7901 4th St N # 11583  
St. Petersburg, FL 33702

**Mailing Address:**

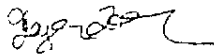
PO Box 503  
Armonk NY 10504

**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are:

Vcorp Agent Services, Inc.  
1200 South Pine Island Road  
Plantation, FL 33324  
Broward County

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..



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Registered Agent's Signature

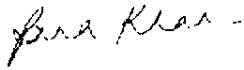
**ARTICLE IV - The name and address of each person authorized to manage and control the Limited Liability Company:****Title:**

Member

**Name and Address:**

Bina Khan  
c/o the Company  
PO Box 503  
Armonk NY 10504

**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.

\_\_\_\_\_  
Bina Khan

Typed or printed name of signee