Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H24000405072 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : COMPUTERSHARE Account Number : 110432003053 Phone : (561)694-8107 Fax Number : (561)214-8442

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.

Koi Asset Management LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

Electronic Filing Menu Corporate Filing Menu

Help

Miami

City

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Koi Asset Manageme	ent LLC	
(Must conta	ain the words "Limited Liab	ility Company, "L.L.C.," or "LLC.")
ARTICLE II - Address:		
The mailing address and street ac	idress of the principal office	of the Limited Liability Company is:
<u>Princips</u>	al Office Address:	Mailing Address:
2901 S. Bayshore Dr	ive	2901 S. Bayshore Drive
Apt. 6G		Apt. 6G
Miami, Florida 3313:	3	Miami, Florida 33133
another business entity with an a	cannot serve as its own Reg active Florida registration.)	sistered Agent. You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Registive Florida registration.) address of the registered age	sistered Agent. You must designate an individual or
(The Limited Liability Company	cannot serve as its own Reg active Florida registration.)	sistered Agent. You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg active Florida registration.) address of the registered age Vilma E. Benitez	sistered Agent. You must designate an individual or
(The Limited Liability Company another business entity with an a	cannot serve as its own Reg active Florida registration.) address of the registered age Vilma E. Benitez	ent are:

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..

/s/Vilma E. Benitez

Registered Agent's Signature (REQUIRED)

Florida

State

33133

Zip

(CONTINUED)

SECRETARY OF STATE

"AMBR" = Authorized Memb	Name and Address:
"MGR" = Manager	
MGR	Vilma E. Benitez
	2901 S. Bayshore Drive, Apt. 6G Miami, Florida 33133
	707
	2024-000
(Use attachment if necessary)	
(Use attachment if necessary)	
LEV: Effective date, if other the	an the date of filing:
LEV: Effective date, if other the	an the date of filing: (OPTIONAL) nust be specific and cannot be more than five business days prior to or 90 day
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block	does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.)	does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Dock LE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Dock LE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Dock LE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Double VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Dock LE VI: Other provisions, if any.	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Double VI: Other provisions, if any. REOUIRED SIGNATURE: /s/Vilma E	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.
LE V: Effective date, if other the fective date is listed, the date is of filing.) If the date inserted in this block ament's effective date on the Double VI: Other provisions, if any. REOUIRED SIGNATURE: /s/Vilma E Signatu This documer	does not meet the applicable statutory filing requirements, this date will not be epartment of State's records.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent \$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)