

LD2000029747

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Office Use Only



700008695557

11/06/02--01074--005 **125.00

FILED
02 NOV -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

LESLIE ALAN ROZENCWAIG, P.A.

SUNTRUST INTERNATIONAL CENTER
ONE SOUTHEAST THIRD AVENUE
SUITE 960
MIAMI, FLORIDA 33131

LESLIE ALAN ROZENCWAIG
ROSARIO FERRERO - CARR

TELEPHONE (305) 379-6100
TELEFAX (305) 379-6808
E-MAIL: BIZLITLAW@aol.com

November 4, 2002

FEDEX AIRBILL NO. 8337 1296 8199

PERSONAL AND CONFIDENTIAL

Secretary of State
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

RE: Our Client File Numbers 0346(f) and (g)

Dear Sir or Madam:

Enclosed please find the original as well as a copy of the Articles of Organization of Kasamo, L.C. and Netzah, L.C. and two(2) checks in the amount of One Hundred Twenty-Five Dollars (\$125.00) each, representing the filing fee. Please process the same accordingly.

Cordially,

LESLIE ALAN ROZENCWAIG, P.A.

ROSARIO FERRERO-CARR, ESQ.
For the Firm

RFC/cg
Enclosures

f:\wpdata\ferrero\0346\art-org-llc-kasamo-netzah.doc

FILED
02 NOV -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION OF KASAMO, L.C.

Article I
Name

The name of the Limited Liability Company is: KASAMO, L.C.

Article II
Address

The mailing address and street address of the principal office of the Limited Liability Company is: 610 1 S.E. 3rd Ave., Ste 960, Miami, FL 33131.

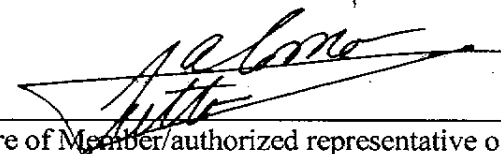
Article III
Registered Agent

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

Leslie Alan Rozencwaig, P.A.
One S.E. Third Avenue, Suite 960
Miami, Florida 33131

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 608, F.S.


LESLIE ALAN ROZENCWAIG, ESQ.



Signature of Member/authorized representative of Member
(In accordance with Section 608.408(3), Florida Statutes,
the execution of this affidavit constitutes an affirmation under
the penalties of perjury that the facts stated herein are true)

SALOMON SUTTON
Typed or printed name of Signee

FILED
02 NOV -5 AM 10:38
SECRETARY OF STATE
TALLAHASSEE, FLORIDA