L00000010014

JULY 18, 2000

TO: STATE OF FLORIDA
FROM: KESEF LIFE, LLC
MIRIAM SHEAR

PLEASE FIND ENCLOSED THE ARTICLES OF ORGANIZATION AND DESIGNATION OF REGISTERED AGENT. ALSO, A CHECK IN THE AMOUNT OF $155.00 TO COVER THE FILING FEE, DESIGNATION OF REGISTERED AGENT, AND A CERTIFIED COPY.

SHOULD ANYTHING ELSE BE NEEDED OR QUESTIONS REMAINING, PLEASE CONTACT ME AT 561-393-3646 OR 561-213-6811. E MAIL: RSHEAR1836@AOL.COM. FAX 561-338-6432. ADDRESS: 7239 SAN SALVADOR, BOCA RATON, FL 33433

THANK YOU.

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-07/24/00--01143--009
****155.00 ****155.00

FILED
00 AUG 21 PM 1:25
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

August 3, 2000

MIRIAM SHEAR
7239 SAN SALVADOR
BOCA RATON, FL 33433

SUBJECT: KESEF LIFE, LLC
Ref. Number: W00000019247

We have received your document for KESEF LIFE, LLC and your check(s) totaling $155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6043.

Shawn Logan
Document Specialist

Letter Number: 000A00042067

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is: Yesef Life, LLC

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:
7239 San Salvador
Boca Raton, FL 33433

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

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

Miriam Shear
Name
7239 San Salvador
Florida street address (P.O. Box **NOT** acceptable)
Boca Raton FL 33433
City, State, and Zip

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..

Miriam Shear
Registered Agent's Signature

Article IV - Management (Check box if applicable.)
☒ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

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00 AUG 21 PM 1:25
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TALLAHASSEE FLORIDA

(An additional article must be added if an effective date is requested)

Miriam Shear
Signature of a member or an authorized representative of a member

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Miriam S. Shear
Typed or printed name of signee

FILING FEES:
$ 100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (OPTIONAL)
$ 5.00 Certificate of Status (OPTIONAL)

CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

Kesef Life, LLC

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

Miriam Shear
(Name)

7239 San Salvador
Florida street address (P.O. Box **NOT** ACCEPTABLE)

Boca Raton FL 33433
City/State/Zip

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..

(Signature)

$ 100.00	**Filing Fee for Application**
$ 25.00	**Designation of Registered Agent**
$ 30.00	**Certified Copy (optional)**
$ 5.00	**Certificate of Status (optional)**

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