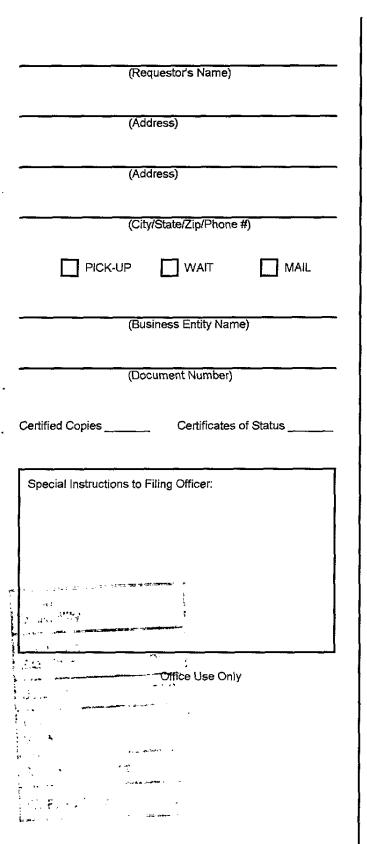
## L05000019945





400047115584

02/25/05--01015--010 \*\*\*320.00

THIS FEB 25 P 3 3
SECKETARY OF STATE

## TRANSMITTAL LETTER

Division of Corporations	
SUBJECT: Akar Management Group, L.L.C.	
	ed Liability Company)
The enclosed Articles of Organization and fee(s) are s	submitted for filing.
Please return all correspondence concerning this matter	er to the following:
Michael Lapat	
	Name of Person)
Law Offices of Michael Lapat	
	(Firm/Company)
3300 University Drive, Suite 311	
<u></u>	(Address)
Coral Springs, Florida 33065	
	/State and Zip Code)
For further information concerning this matter, please	call:
Kristine Cobban	at ( 954 345-6442
(Name of Person)	(Area Code & Daytime Telephone Number)
Enclosed is a check for the following amount:	AS 11
□ \$125.00 Filing Fee  □ \$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)  \$160,000 biling Fee,  Certificate of Status &  Certified Copy (additional copy is enclosed)
STREET ADDRESS: Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399	MAILING ADDRESS: Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Con	npany is:
Akar Management Group, L.L.C.	
ARTICLE II - Address: The mailing address and street address	of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
8551 W. Sunrise Blvd, # 102 A	8551 W. Sunrise Blvd, #102 A
Plantation, Florida 33322	Plantation, Florida 33322
Emìl Akar	Name
8551 W. Sunrise Blvd	<del></del>
	a street address (P.O. Box <u>NOT</u> acceptable)
Plantation Ci	FL 33322 ity, State, and Zip
Having been named as registered agen liability company at the place design registered agent and agree to act in this statutes relating to the proper and con accept the obligations of my position.	and to accept service of process for the above stated limited mated in this certificate, I hereby accept the appointment as a scapacity. I further agree to comply with the provisions of all amplete performance of my duties, and I am familiae with and in as registered agent as provided for in Chapter of R. F.S., ed Agent's Signature

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Emil Akar  8551 W. Sunrise Blvd, #102 A  Plantation, Florida 33322
(Use attachment if necessary)  NOTE: An additional article must be a	added if an effective date is requested
REQUIRED SIGNATURE:	an authorized representative of a member.
	608.408(3), Florida Statutes, the execution an affirmation under the penalties of perjury are true.)
Emil Akar Typed o	or printed name of signee
Filing Fees:  \$125.00 Filing Fee for Articles of Organizat of Registered Agent \$ 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)	ion and Designation