## Florida Department of State

**Division of Corporations** Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number : (850) 922-4003

From:

Account Name : FLORIDA INCORPORATORS, INC.

Account Number : 075350000473

Phone : (305)661-8503

Fax Number

: (603)761-7427

# LIMITED LIABILITY COMPANY

Kravitz & Associates, P.L.



Certificate of Status	0
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#### ARTICLES OF ORGANIZATION

OF

### KRAVITZ AND ASSOCIATES, P.L.

### A PROFESSIONAL LIMITED LIABILITY COMPANY

The undersigned, who is duly licensed to practice law in the State of Florida and desiring to form a professional limited liability company in accordance with Chapter 608 of the Florida Statutes and the Florida Professional Service Corporation Act, does hereby adopt the following Articles of Organization for the Limited Liability Company:

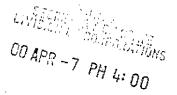
FIRST: The name of the Limited Liability Company shall be KRAVITZ AND ASSOCIATES, P.L.

SECOND: The period of duration for the Limited Liability Company shall be thirty years.

THIRD: The Limited Liability Company is organized for the purpose of engaging in the practice of law within the State of Florida, and to take all actions that are necessary or proper in connection with that practice.

FOURTH: The mailing address and principal office of the Limited Liability Company is 4320 NW 101st Drive, Coral Springs, FL 33065.

FLORIDA INCORPORATORS, INC. 1221 BRICKELL AVE, STE. 900 1 MIAMI, FL 33131-3258 (305) 661-8503 00 APR -7 PH 4: 00



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initial address of the street FIFTH: The registered office of the Limited Liability Company in Florida is 1221 Brickell Ave. Ste. 900, Miami, FL 33131, and the name of the initial registered agent of the Limited Liability Company in Florida at that address is FLORIDA INCORPORATORS, INC.

The existing Members shall have the right SIXTH: to admit additional Members to the Limited Liability Company, by the unanimous vote or consent of the Members.

SEVENTH: If there later is more than one Member, the remaining Members of the Limited Liability Company, by the affirmative vote or consent of Members holding 75 percent of the Members' Percentage Interests (other than the Member who caused the Withdrawal Event), may continue the Limited Liability Company upon the death, retirement, resignation, expulsion, bankruptcy or dissolution of a Member or the occurrence of any other event which terminates the continued membership of a Member in the Limited Liability Company.

EIGHTH: The Limited Liability Company will operated by the Members, and no manager will be appointed. The name and address of the sole Managing Member is: ADAM KRAVITZ, having an address 4320 NW 101st Drive, Coral Springs, FL 33065.

The professional services of the Limited HTNTH: Liability Company shall be rendered only through members, employees, and agents who are duly licensed or otherwise legally authorized to practice law within the of Florida. Professional services shall be state rendered in each case by the member, employee, or agent designated solely by this Limited Liability Company, acting through its members. This provision shall not be applicable to the extent it is in conflict with the law or the professional rules of legal practice.

C.V. J. C. C. F. RAMONS

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The undersigned has executed these Articles of Organization on the  $7^{th}$  day of April, 2000.

Mark Hankins

Authorized Representative

### CONSENT TO APPOINTMENT BY REGISTERED AGENT

Having been named as Registered Agent for KRAVITZ AND ASSOCIATES, P.L., I hereby voluntarily consent to serve as Registered Agent for Law Office of KRAVITZ AND ASSOCIATES, P.L.

I know and understand the duties and responsibilities of a Registered Agent as set forth in the Florida Statutes Annotated Sections 608.401 to 608.471, and I hereby accept those duties and responsibilities.

Dated: April 7, 2000

FLORIDA INCORPORATORS, INC.

By:

Mark Hankins President