## Michael W. Kirshon

Attorney at Law 4901 N.W. 17th Way, Suite 406 Ft. Lauderdale, Florida 33309

Member of the Florida and New York Bar

## 0000000 9343 July 10, 2000

Registration Section Division of Corporations Post Office Box 6327 Tallahassee, FL 32314

Re: Filing of IBS, L.L.C.

Gentlemen:

19 , 7-1

I am enclosing the Articles of Organization for the above-referenced LLC together with a check in the amount of \$155.00. Please send the certified copy of the Articles and a filing receipt to this office.

400003322694--1
Very troly yours, \*\*\*\*155.00 \*\*\*\*155.00

phone: (954) 772-4047

Fax: (954) 772-4370

Michael W. Kirshon

MWK/ma Enclosures cc: Brian Kennedy FILED

OD AUG -4 AM 9: 40

SECRETARY DE STADA

TALLAHASSEE, FLORIDA



## FLORIDA DEPARTMENT OF STATE Katherine Harris Secretary of State

July 19, 2000

MICHAEL W. KIRSHON 4901 NW 17TH WAY SUITE 406 FT LAUDERDALE, FL 33309

SUBJECT: IBS, L.L.C.

Ref. Number: W00000018097

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

The document must contain both the street address of the principal office and the mailing address of the entity.

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: 100A00039637

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

THE TAXABLE TO STORY TO STATE
ARTICLE I - Name: The name of the Limited Liability Company is: \( \mathcal{IB5},  \alpha.1.6.\)
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:  4614 No. DIXIE It IShway  Book Raton, FL 33431
ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:
The name and the Florida street address of the registered agent are:
Brign Kennedy  Name  19480 Satamie Lake Da  Florida street address (P.O. Box NOT acceptable)  Boca Ratan FL 33498  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  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.
(An additional article must be haded if an effective date is requested)  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.)  Brian Kennedy  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)