

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--008  
\*\*\*\*155.00 \*\*\*\*155.00

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

52



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

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is: Xesef 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.

(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 signer

### 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)

STATE OF FLORIDA  
TALLAHASSEE  
FILED

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**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)

Foca Laton 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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