

L01000012243

Florida Department of State
Division of Corporations
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Katherine Harris, Secretary of State

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To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : PARCORP SERVICES, LTD.
Account Number : Y19990000011
Phone : (877) 603-2533
Fax Number : (707) 276-4538

AL

LIMITED LIABILITY COMPANY

THE KOVES GROUP LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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TALLAHASSEE, FLORIDA

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Fax Audit No. (((H01000084492 7)))

STATE OF FLORIDA - ARTICLES OF ORGANIZATION OF
THE KOVES GROUP LLC

Pursuant to s. 608.407, Florida Statutes.

ARTICLE I - Name:

The name of the Limited Liability Company is:

THE KOVES GROUP LLC

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

400 LESLIE DRIVE, SUITE 901, HALLANDALE, FL 33009

ARTICLE III - Registered Agent, Registered Office, & Registered Agents Signature:

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

JOEL KOVES

Name

400 LESLIE DRIVE, SUITE 901

Florida street address (P.O. Box NOT ACCEPTABLE)

HALLANDALE, FL 33009

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 608, F.S.

Registered Agents 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.

Signature of a member or 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.)

MICHAEL J. JAGODA

Typed or Printed name of signee

Preparer Info:

Parcorp Services, Ltd. / Michael J. Jagoda,

PMB 258 - 13799 PARK BLVD. N., SEMINOLE, FL 33776 / Phone: 727-320-9848

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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:

THE KOVES GROUP LLC

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

JOEL KOVES

Name

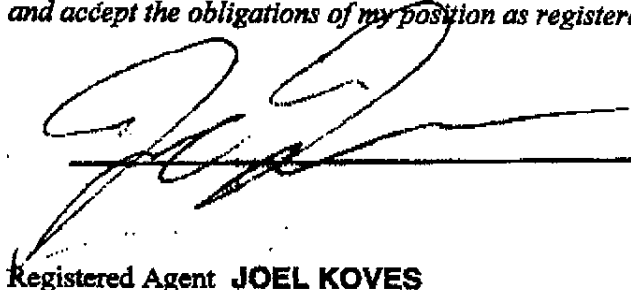
400 LESLIE DRIVE, SUITE 901

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Registered Agent **JOEL KOVES**

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