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OCT 25 PM 1:42

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Kathryn Stellmack

(Requestor's Name)

9202 Clipper Court

(Address)

West Palm Beach, FL

(Address)

33411-5176

(City/State/Zip/Phone #)

PICK-UP

WAIT

MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Kabar
9202 Clipper Court
West Palm Beach, Florida 33411
561-333-6910
topf-stellmack@prodigy.net

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

October 19, 2002

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

Gentlepeople:

Enclosed please find two Kabar checks each in the respective amount of \$155.00.

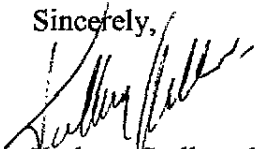
Please register:

Kabar Investments, L.L.C.
And
Kabar Consulting, L.L.C.

and return to us a certified copy of each.

If there are any questions or if further information is required please do not hesitate to contact me at the above number.

Sincerely,



Kathryn Stellmack
Managing Member

Enclosure

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:
Kabar Investments, L.L.C.

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TALLAHASSEE, FLORIDA

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:
9202 Clipper Court, West Palm Beach, Florida 33411

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

Kathryn Stellmack

Name

9202 Clipper Court

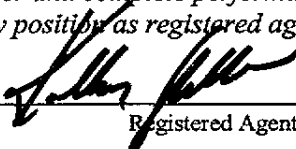
Florida street address (P.O. Box **NOT** acceptable)

West Palm Beach

FL 33411

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

(An additional article must be added 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.)

Kathryn Stellmack

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)