

W03 0000/6240

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

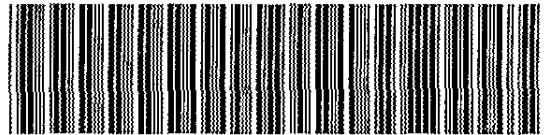
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

Office Use Only



700009941067

RECEIVED  
03 MAY -6 AM 11:39  
DIVISION OF CORPORATION

W03-16240  
OK  
03 MAY -6 PM 1:12  
DIVISION OF STATE  
TREASURY, FLORIDA

FILED



CORPORATION SERVICE COMPANY™

ACCOUNT NO. : 072100000032

REFERENCE : 082365 7137273

AUTHORIZATION : *Patricia Pigute*

COST LIMIT : \$ 125.00

ORDER DATE : May 6, 2003

ORDER TIME : 10:55 AM

ORDER NO. : 082365-005

CUSTOMER NO: 7137273

CUSTOMER: Eric M. Sauerberg, Esq  
Eric M. Sauerberg, P.a.

Suite 102  
200 Village Square Crossing  
Palm Bch Garden, FL 33410

DOMESTIC FILING

NAME: KAHN MANAGEMENT, LLC

EFFECTIVE DATE:

\_\_\_\_ ARTICLES OF INCORPORATION  
\_\_\_\_ CERTIFICATE OF LIMITED PARTNERSHIP  
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

\_\_\_\_ CERTIFIED COPY  
XX PLAIN STAMPED COPY  
\_\_\_\_ CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Darlene Ward - EXT. 1135

EXAMINER'S INITIALS: \_\_\_\_\_

RECEIVED  
TALLAHASSEE, FLORIDA

03 MAY -6 PM 1:13

FILED

**ARTICLES OF ORGANIZATION OF  
KAHN MANAGEMENT, LLC**

The undersigned hereby forms and establishes a limited liability company pursuant to Chapter 608, Florida Statutes as follows:

**ARTICLE I**

The name of this limited liability company is KAHN MANAGEMENT, LLC.

**ARTICLE II**

This limited liability company shall have perpetual existence from the effective date of filing these Articles with the Department of State unless sooner terminated as provided in the Operating Agreement.

**ARTICLE III**

The mailing address and street address of the principal place of business of this limited liability company is 1236 Kinglet Terrace, Wellington, Florida 33414. This limited liability company may, at its discretion, change the address of its principal place of business.

**ARTICLE IV**

The name and street address of the initial registered agent of this limited liability company is Eric M. Sauerberg, Esq., 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410.

**ARTICLE V**

The management of this limited liability company shall be vested in the manager or managers and is, therefore, a manager-managed company.

**ARTICLE VI**


Additional members may be admitted to this limited liability company upon such terms and conditions as shall be established by the manager.

03 MAY - 2013 PM 1:13  
DEPT. OF STATE  
TALLAHASSEE, FLORIDA

FILED

IN TESTIMONY WHEREOF, I have hereunto subscribed my name this 5<sup>th</sup> day of May, 2003.

Member:

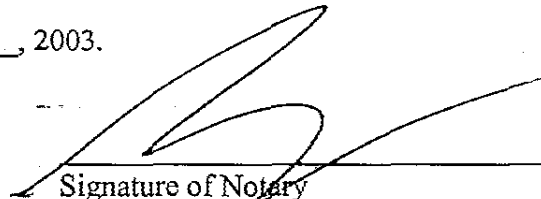


RICHARD KAHN, as Trustee of the Richard Kahn Trust dated December 21, 1983

STATE OF FLORIDA                     )  
   )  
COUNTY OF PALM BEACH            )

The foregoing instrument was acknowledged before me this 5<sup>th</sup> day of May, 2003, by Richard Kahn who is personally known to me or who has produced Florida State Driver's License Number \_\_\_\_\_ as identification.

Executed this 5<sup>th</sup> day of May, 2003.



Signature of Notary

Printed Name:

My Commission Expires:

My Commission Number:



Eric M. Sauerberg  
MY COMMISSION # DD181486 EXPIRES  
March 1, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

FILED  
03 MAY - 6 PM 1:13  
ALABAMA, FLORIDA

**CERTIFICATE DESIGNATING REGISTERED  
OFFICE FOR THE SERVICE OF PROCESS  
WITHIN THIS STATE, NAMING AGENT  
UPON WHOM PROCESS MAY BE SERVED**

Pursuant to Chapter 608.415 and Chapter 608.507 Florida Statutes, the following is submitted:

That KAHN MANAGEMENT, LLC, a Florida Limited liability company, with its registered office at 200 Village Square Crossing, Suite 102, Palm Beach Gardens, Florida 33410, has named Eric M. Sauerberg at such address as its initial registered agent to accept service of process within this State.

**ACKNOWLEDGMENT:**

Having been named registered agent to accept service of process for the above-stated limited liability company at the place designated in this Certificate, I hereby accept to act in such capacity and agree to comply with the applicable provisions of law.

By: \_\_\_\_\_

Eric M. Sauerberg,  
Registered Agent

STATE OF FLORIDA                     )  
   )  
COUNTY OF PALM BEACH             )

The foregoing instrument was acknowledged before me this 5 day of May, 2003, by Eric M. Sauerberg, who is personally known to me or who has produced Florida State Driver's License Number \_\_\_\_\_ as identification.

Executed this 5 day of May, 2003.



Marti Pearson  
MY COMMISSION # DD184378 EXPIRES  
February 17, 2007  
BONDED THRU TROY FAIR INSURANCE, INC.

\_\_\_\_\_  
Signature of Notary

Printed Name:

My Commission Expires:

My Commission Number:

03 MAY 2003 6 PM 1:13  
CLERK OF STATE  
TALLAHASSEE, FLORIDA

FILED