

# L03000032832

\_\_\_\_\_  
(Requestor's Name)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(Address)

\_\_\_\_\_  
(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

\_\_\_\_\_  
(Business Entity Name)

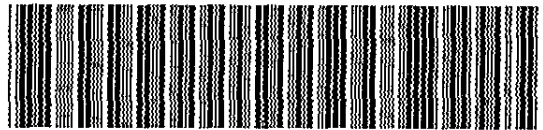
\_\_\_\_\_  
(Document Number)

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

Special Instructions to Filing Officer:

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

Name	
Availability	
Document	
Examiner	DCC
Updater	DCC
Updater	
verifier	DCC
Acknowledgement	DCC
W. P. Verifier	DCC



300022202233

10/29/03--01035--003 \*\*160.00

FILED  
03 AUG 29 AM 8 00  
TALLAHASSEE, FLORIDA  
SEC. OF STATE

Office Use Only

Law Offices of  
DAVID KERN PETELER

The Gilbert Law Building  
22130 Clarendon Street  
Woodland Hills, CA 91367  
818.257.1644  
ADMITTED IN CALIFORNIA

15124 Peteler Lane  
Minnetonka, MN 55343  
952.934.1961 phone  
952.974.1032 fax

August 27, 2003

Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, FL 32399

Re: Kesselman – Davidson LLC

Dear Sir or Madam:

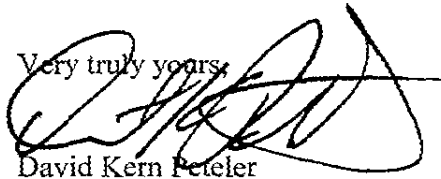
This office represents Kesselman-Davidson, LLC. Enclosed please find the Articles of Organization. Please file these Articles of Organization.

Enclosed also is a check in the amount of \$160. This is for the \$100 filing fee, the \$25 registered agent fee, and also for a Certified Copy (\$30) and a Certificate of Status (\$5). Would you please send the Certified Copy and the Certificate of Status to this office when they are ready.

Enclosed also is a copy of this transmittal letter. Would you kindly file-stamp the copy of this letter, and return it to the undersigned in the attached envelope, to evidence receipt and filing of the Articles of Organization.

Please call with any questions.

Very truly yours,



David Kern Peteler

DKP: daa  
Enc.

FILED  
03 AUG 29 AM 8:00  
REG. SEC. FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

KESSELMAN - DAVIDSON LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

2655 LEJEUNE ROAD  
CORAL GABLES, FL 33134

**Mailing Address:**

2655 LEJEUNE ROAD  
CORAL GABLES, FL 33134

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

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

BRIAN ROSS, ESQ.

Name

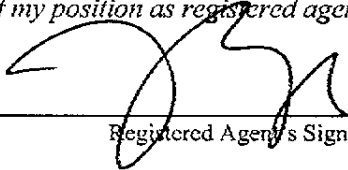
3018 U.S. HIGHWAY 301 N., SUITE 900

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

TAMPA FL 33619

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

(CONTINUED)

FILED  
03 AUG 29 AM 8:00  
TAMPA FLORIDA

