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2003 DEC 18 PM 1:23
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BRYAN DEC 30 2003

DIVISION OF CORPORATIONS
DEPT OF STATE
PO BOX 6327
TALLAHASSEE FL 32314

ENCLOSED ARE COPIES OF THE
REQUIRED ARTICLES TO BE STAMPED
WITH THE FILING DATE AND RETURNED
TO

DANIEL KAPLAN
2610 MAGDALINA DRIVE
PUNTA GORDA FL 33950

A STAMPED ENVELOPE IS PROVIDED IN
THE PKGE,

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

TRANSMITTAL LETTER

Department of State
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

SUBJECT: DANIEL A KAPLAN LLC
(Proposed limited liability company name - must include suffix)

Enclosed is an original and one (1) copy.

Filing fee for articles of organization of Florida Limited Liability Company:

\$100.00 Filing fee for Articles of Organization
\$ 25.00 Designation of Registered Agent

A letter of acknowledgement will be issued free of charge upon filing. Please submit an additional \$5 if a certificate of status is needed. The fee for a certified copy is \$30.
Please send one check for the total amount made payable to the Florida Department of State.

FROM: DANIEL A KAPLAN
Name (Printed or typed)
2610 MAGDALINA DRIVE
Address
PUNTA GORDA FL 33950
City, State & Zip
941 639 6629
Daytime Telephone number

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

DANIEL A KAPLAN LLC**ARTICLE II - Address:**

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

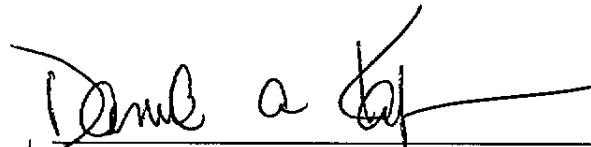
**2610 MAGDALINA DRIVE PUNTA GORDA FL
33950****ARTICLE III - Registered Agent**

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

**DANIEL A KAPLAN
2610 MAGDALINA DRIVE PUNTA GORDA FL, 33950****ARTICLE IV - Management:**

(Check the appropriate box)

- ☐ The Limited Liability Company is to be a manager-managed company.
☒ The Limited Liability Company is to be managed by the members.



Signature of a member or an authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

DANIEL A KAPLAN

Typed or printed name of signee

Filing Fee: \$100.00 for Articles

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 TALLAHASSEE, FLORIDA

**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: DANIEL A KAPLAN LLC

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

DANIEL A KAPLAN
NAME
2610 MAGDALINA DRIVE
Florida street address (P.O. Box **NOT** ACCEPTABLE)
PUNTA GORDA FL 33950
CITY, STATE AND ZIP

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Daniel A Kaplan
SIGNATURE

Filing Fee: \$25 for Designation of Registered Agent