

MAR-04-2004(THU) 16:48

Division of Corporations

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Florida Department of State
Division of Corporations
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Division of Corporations
Fax Number : (850)205-0383

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LIMITED LIABILITY COMPANY

Ed Kaplan Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	512
Estimated Charge	\$155.00

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3-5-04

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03/03/2004 16:21 FAX

KAPLAN & LEVENSON LLP

002/003

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ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Ed Kaplan Associates, LLC

ARTICLE II - Address:

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

Principal Office Address:

c/o Edwin Kaplan
6786 Willowood Drive
Boca Raton, FL 33434

Mailing Address:

c/o Edwin Kaplan
6786 Willowood Drive
Boca Raton, FL 33434

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

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

Edwin Kaplan

Name

6786 Willowood Drive

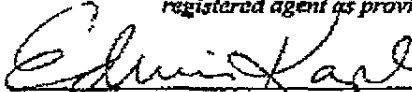
Florida street address (P.O. Box NOT acceptable)

Boca Raton

FLORIDA 33434

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, Florida Statutes.



Registered Agent's Signature

Edwin Kaplan, Mg. Mbr.

Print Name (& Title, if applicable)

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TALLAHASSEE, FLORIDA

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ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title:
"MGR" = Manager
"MGRM" = Managing Member

Name and Address:

MGRM

Edwin Kaplan

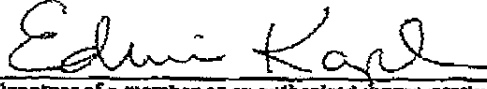
6786 Willowood Drive

Boca Raton, FL 33434

(Use attachment if necessary)

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:



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

(In accordance with section 606.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Edwin Kaplan, Managing Member

Typed or printed name of signer

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)

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