L04000017346

Division of Corporation

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H04000047881 3)))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850)205-0383

From:
Account Name : NATIONAL CORPORATE RESEARCH, LTD.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (212)564-6083

04 MAR -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

04 MAR -4 PM 4:22
DIVISION OF CORPORATION

RECEIVED

APPROVED AND FILED

LIMITED LIABILITY COMPANY

Ed Kaplan Associates, LLC

Certificate of Status	0
Certified Copy	1
Page Count	04
Estimated Charge	$155.00

Electronic Filing Menu Corporate Filing Public Access Help

3504

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:	**Mailing Address:**
c/o Edwin Kaplan	c/o Edwin Kaplan
6786 Willowood Drive	6786 Willowood Drive
Boca Raton, Fl 33434	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.

Edwin Kaplan, Mg. Mbr.
Registered Agent's Signature — Print Name (& Title, if applicable)

APPROVED AND FILED
04 MAR -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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:

Edwin Kaplan

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 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)

APPROVED AND FILED
04 MAR -4 AM 8:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA