

L04000018009

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

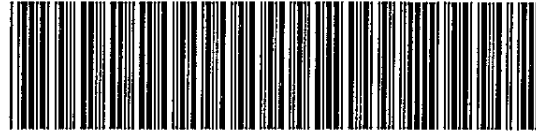
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS  
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5p

**Husch &  
Eppenberger, LLC**  
*Attorneys and Counselors at Law*

1200 Main Street, Suite 1700  
Kansas City, Missouri 64105  
816.421.4800  
Fax 816.421.0596  
www.husch.com

February 18, 2004

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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DIVISION OF CORPORATIONS  
04 FEB 25 PM 1:00

Re: Pamela, L.L.C.

Dear Sir or Madam:

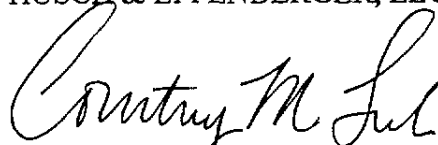
Enclosed please find for filing, in duplicate, Articles of Organization for the above-referenced limited liability company. Also enclosed is a check in amount of \$125.00 to cover the filing fee.

Please file the original and return a file-stamped copy to me in the enclosed self-addressed envelope provided for your convenience.

Should you have any questions, or if unable to comply with my request, please call me as soon as possible. Thank you for your assistance

Sincerely,

HUSCH & EPPENBERGER, LLC

  
Courtney M. Lieb

CML  
Enclosures

## TRANSMITTAL LETTER

**TO:** Registration Section  
Division of Corporations

**SUBJECT:** Pamela, L.L.C.  
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Stephanie K. Hall  
(Name of Person)

Husch and Eppenberger, L.L.C.  
(Firm/Company)

1700 Main Street, Suite 1700  
(Address)

Kansas City, Missouri 64105  
(City/State and Zip Code)

For further information concerning this matter, please call:

Stephanie K. Hall at ( 816- ) 283-4669  
(Name of Person) (Area Code & Daytime Telephone Number)

**STREET ADDRESS:**  
Registration Section  
Division of Corporations  
409 E. Gaines Street  
Tallahassee, Florida 32399

**MAILING ADDRESS:**  
Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Pamela, L.L.C.

**ARTICLE II - Address:**

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

**Principal Office Address:**

3740 NE 199th Terrace

Aventura, Florida 33180

**Mailing Address:**

3740 NE 199th Terrace

Aventura, Florida 33180

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

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

Pamela G. Kuti

Name

3740 NE 199th Terrace

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

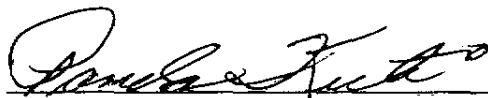
Aventura,

FLORIDA 33180

City, State, and Zip

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*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

**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

Pamela G. Kuti, Trustee of the Pamela G. Kuti  
Revocable Trust dated May 29, 1992, as amended  
3740 NE 199th Terrace, Aventura, Florida 33180

\_\_\_\_\_

\_\_\_\_\_

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\_\_\_\_\_

\_\_\_\_\_

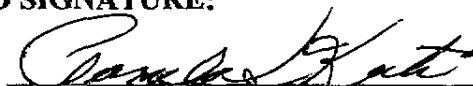
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(Use attachment if necessary)

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04 FEB 25 PM 1:01

**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 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

Pamela G. Kuti

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)**