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Division of Corporations

: (850)205-0383

Account Name : BUSINESS FILINGS Account Number : 105256001620 : (608)827-5300 Phone

Fax Number : (608)827-5501

LIMITED LIABILITY COMPANY

Berkowitz Family Wealth Planning, LLC

Certificate of Status	0
Certified Copy	1
Page Count	03
Estimated Charge	\$155.00

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P.02/03

JUN-02-2004 11:49 FAX AUDIT # <u>T15 7 000 11:15 7 5 3</u>

ARTICLES OF ORGANIZATION OF Berkowitz Family Wealth Planning, LLC

FILED

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SECRETARY OF STATE TALLAHASSEE, FLORIOA

ARTICLE I

NAME

The name of the limited liability company shall be: Berkowitz Family Wealth Planning, LLC

ARTICLE II PRINCIPAL OFFICE

The principal place of business and mailing address of this Limited Liability Company shall be: 15 Hampshire Lane, Boynton Beach, Florida 33436.

ARTICLE III INITIAL REGISTERED AGENT & STREET ADDRESS

The name and address of the initial registered agent is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

ARTICLE IV DURATION

The duration for the limited liability company shall be: 12/31/2044.

ARTICLE V MANAGERS/MEMBERS

The management of the limited liability company is reserved for the Managers and the name and address of the manager of the Limited Liability Company is:

Seymour Berkowitz, 15 Hampshire Lane, Boynton Beach, Florida 33436

Business Filings Incorporated, Organizer

Mark Schiff, AVP

Authorized Representative

Prepared by Mark Schiff, Business Filings Incorporated, 8025 Excelsior Dr., Suite 200,

Madison, WI 53717

(608) 827-5300

FAX AUDIT # 104 000 1175 753

CERTIFICATE OF DESIGNATION OF REGISTERED FILED

PURSUANT TO THE PROVISIONS OF SECTION 608.415, FLORIDA STATUTES, P 12: 13
THE UNDERSIGNED COMPANY, ORGANIZED UNDER THE LAWS OF THE TARY OF STATE
STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN ALLAHASSEE, FLORIDA
DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE
STATE OF FLORIDA.

The name of the limited liability company is: Berkowitz Family Wealth Planning, LLC

The name and address of the registered agent and office is: Business Filings Incorporated, 660 East Jefferson Street, Tallahassee, Florida 32301. Located in the County of Leon.

Having been named as registered agent and to accept service of process for the above stated 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.

Signature: _____/

Mark Schiff, AVP

Business Filings Incorporated

Date: June 2, 2004

FAX AUDIT #1090001175753