

W040000063710

00789-02727-00671 Corporation

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

(Document Number)

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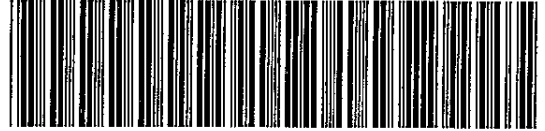
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CLERK OF STATE  
TALLAHASSEE, FLORIDA

W04-31622

## TRANSMITTAL LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: K-CUBED, LLC  
(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:

ISAAC KOVNER  
(Name of Person)

K-CUBED, LLC  
(Firm/Company)

290 NORTH FLAMINGO POINT  
(Address)

JUPITER, FL 33458  
(City/State and Zip Code)

For further information concerning this matter, please call:

Isaac Kanner at (561) 585-0005  
(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



FLORIDA DEPARTMENT OF STATE

Glenda E. Hood  
Secretary of State

August 19, 2004

ISAAC KOVNER  
K-CUBED CORPORATION, LLC  
290 NORTH FLAMINGO POINT  
JUPITER, FL 33458

SUBJECT: K-CUBED CORPORATION, LLC  
Ref. Number: W04000031622

We have received your document for K-CUBED CORPORATION, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "CORPORATION." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6967.

Michelle Hodges  
Document Specialist

Letter Number: 404A00051134

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

K-CUBED, LLC

**ARTICLE II - Address:**

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

**Principal Office Address:**

290 NORTH FLAMINGO POINT  
JUPITER, FL 33458

**Mailing Address:**

290 N. FLAMINGO POINT  
JUPITER, FL 33458

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

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

ISAAC KOVNER

Name

290 NORTH FLAMINGO POINT

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

JUPITER, FLORIDA 33458

City, State, and Zip

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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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..*

Isaac Kovner

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:**

MGR

ISAAC KOVNER  
290 NORTH FLAMINGO POINT  
JUPITER, FL 33458

MGRM

HERMAN HARLAHUANO  
14941 S.W. 22 ST.  
MIAMI, FL 33194

MGRM

SIDNEY KOVNER  
151 SPY GLASS WAY  
PALM BEACH GARDENS

(Use attachment if necessary)

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

**REQUIRED SIGNATURE:**

Isaac Kovner 8/14/04  
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.)

ISAAC KOVNER

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)