

L050000/2838

Florida Department of State

Division of Corporations

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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To:

Division of Corporations

Fax Number : (850)205-0383

From:

Account Name : EMPIRE CORPORATE KIT COMPANY

Account Number : 072450003255

Phone : (305)634-3694

Fax Number : (305)633-9696

LIMITED LIABILITY COMPANY

klotz ossi llc

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

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ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY

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TALLAHASSEE, FLORIDA

ARTICLE I - Name:
The name of the Limited Liability Company is:

KLOTZ OSSI 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:

296 ROYAL PALMS DRIVE
ATLANTIC BEACH FLORIDA
32233

SAME

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

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

JEFF KLOTZ
Name

296 ROYAL PALMS DRIVE
Florida street address (P.O. Box NOT acceptable)

ATLANTIC BEACH FL 32233
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, F.S..

JEFF KLOTZ
Registered Agent's Signature

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ARTICLE IV - Management / Member(s):

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

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

Mgrm

Jeff Klotz
296 ROYAL PALMS DRIVE
ATLANTIC BEACH FLORIDA
32283

Mgrm

Ben Ossi
296 ROYAL PALMS DRIVE
ATLANTIC BEACH FLORIDA
32283

(Use attachment if necessary)

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

REQUIRED SIGNATURE:

Jeff Klotz
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.)

JEFF KLOTZ
Typed or printed name of signer

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