

L05000041287

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

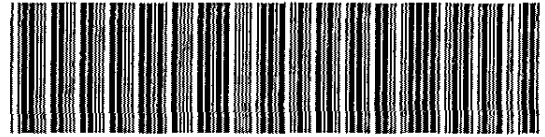
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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T. Brumbley APR 27 2005

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

# Deborah Marks, P.A.

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999 Brickell Bay Drive  
Suite 1809  
Miami, FL 33131  
(305) 372-9400  
Fax: (305) 716-9154

## TRANSMITTAL LETTER

To: Registration Section  
Division of Corporations  
409 East Gaines Street  
Tallahassee, Florida 32399

Subject: Kappa Tax 14, LLC

The enclosed Articles of Organization and fees are submitted for filing.

Please return all correspondence concerning this matter to:

Deborah Marks, Esq.  
Deborah Marks, P.A.  
999 Brickell Bay Drive  
Suite 1809  
Miami, FL 33131

For further information concerning this matter, please call:

Deborah Marks at (305) 372-9400.

Enclosed is a check in the following amount:

- \$125 Filing Fee     \$130 Filing Fee & Certificate of Status     \$155 Filing Fee & Certified Copy (copy enclosed)     \$160 Filing Fee, Certificate of Status & Certified Copy (copy enclosed)

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# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**Article I: Name:**

The Name of the Limited Liability Company is Kappa Tax 14, LLC.

**Article II: Address:**

The Mailing Address and Street Address of the principal office of the Limited Liability Company are:

**Principal Office Address:**  
18305 Biscayne Boulevard  
Suite 400  
Aventura, Florida 33160

**Mailing Address:**  
PO Box 25177  
Miami, FL 33102-5177

**Article III: Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Deborah Marks, Esq.  
999 Brickell Bay Drive  
Suite 1809  
Miami, Florida 33131

*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.*



\_\_\_\_\_  
*Deborah Marks*

(CONTINUED)

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**Article IV: Manager(s) or Managing Member(s):**

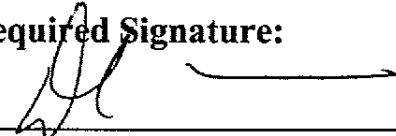
The name and address of each Manager or Managing Member is as follows:

**Title:**                              **Name and Address:**

"MGR" = Manager  
"MGRM" = Managing Member

MGRM                                      Jonathan Politano  
  18305 Biscayne Boulevard  
  Suite 400  
  Aventura, Florida 33160

**Required Signature:**



**DEBORAH MARKS, ESQ.**

**Authorized representative of Jonathan Politano, 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.)

Filing Fees:  
\$125.00      Filing Fee for Articles of Organization and Designation of  
                             Registered Agent  
\$ 30.00      Certified Copy (Optional)  
\$ 5.00        Certificate of Status (Optional)

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