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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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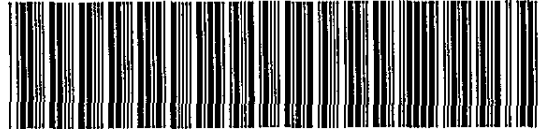
(Business Entity Name)

(Document Number)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

J. BROWN JUN - 2 2005

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Kaiser & Reich Investments 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:

Deborah Reichenbaum
(Name of Person)

(Firm/Company)

225 SW 159 Ave
(Address)

Sunrise, FL 33326
(City/State and Zip Code)

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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Above individual at (954) 384-0518
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Kaiser & Reich Investments 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:

225 SW 159 AVE
SUNRISE, FL 33326

Same

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

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

Deborah Reichenbaum
Name

225 SW 159 AVE
Florida street address (P.O. Box NOT acceptable)

SUNRISE FL 33326
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..

Deborah Reichenbaum
Registered Agent's Signature

(CONTINUED)

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CLERK OF CIRCUIT COURT
TALLAHASSEE, FLORIDA

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

mark Reichenbaum
19304 NE 25 AVE APT 202
N. miami Bch, FL 33180

MGRM

Candace Reichenbaum
19304 NE 25 AVE APT 202
N. miami Bch, FL 33180

MGRM

Howard Kaizerman
6400 Crossbow CT
DAVIE, FL 33331

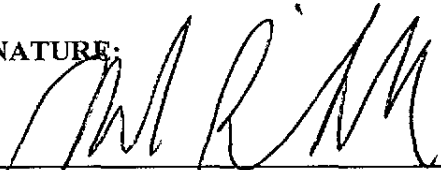
MGRM

Susan Kaizerman
6400 Crossbow Ct
DAVIE, FL 33331

(Use attachment if necessary) SEE ATTACHED

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.)

MARK REICHENBAUM

Typed or printed name of signee

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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DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

ATTACHMENT

MGRM - Deborah Reichenbaum
225 SW 159 Ave
Sunrise, Fla. 33326

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TALLAHASSEE, FLORIDA