## L05000078251

| (Requestor's Name)                      |
|---|
| (Address)                               |
| (Address)                               |
|   |
| (City/State/Zip/Phone #)                |
| PICK-UP WAIT MAIL                       |
| (Business Entity Name)                  |
| (Dusiness Emily Hainey                  |
| (Document Number)                       |
| Certified Copies Certificates of Status |
|   |
| Special Instructions to Filing Officer: |
|   |
| 410-MA                                  |
| 4,-                                     |
| Dev.                                    |
| Office Use Only                         |
|   |
|   |
| 1                                       |



500058141455

08/08/05--01028--002 \*\*125.00

2005 /UG -8 P 3: 08

## TRANSMITTAL LETTER

| TO: Registration Se<br>Division of Cor |   |  |  |
|--|---|--|--|
| SUBJECT: SRK Prop                      |   |  |  |
|  | (Name of Limited                              | Liability Company)   |  |
| The enclosed Articles of               | f Organization and fee(s) are su              | abmitted for filing.   |  |
| Please return all corresp              | ondence concerning this matter                | r to the following:  |  |
| Craig J. I                             |   |  | <del></del>  |
|  | 4)  | Name of Person)  |  |
| ITA Implementation                     | Services. LLC                                 |  |  |
|  |   | Firm/Company)  |  |
| 1250 Barcla                            | y Blvd  |  |  |
|  |   | (Address)  |  |
| Buffa                                  | lo Grove, IL 60089                            |  |  |
|  | (City/  | State and Zip Code)  | <del></del>  |
| For further information                | concerning this matter, please                | call:  |  |
| Craig J. Koop                          |   | at ( 847 ) 495-3076<br>(Area Code & Daytime Te                       | TAL<br>SE  |
| (Name                                  | of Person)                                    | (Area Code & Daytime Te  | slephone Number  |
| Enclosed is a check for                | or the following amount:                      |  | G-8<br>ASSE  |
| ■ \$125.00 Filing Fee                  | ☐ \$130.00 Filing Fee & Certificate of Status | ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) | Certificate of Status & Certified Copy (additional copy) (additional copy) |
| STRE                                   | ET ADDRESS:                                   | MAILING A  | DDRESS:  |

Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| SRK Properties, LLC  |   |  |  |
|--|---|--|--|
| ARTICLE II - Address:  |   |  |  |
|  | the principal office of the Limited Liability Company is:                   |  |  |
| Principal Office Address:                                      | Mailing Address:  |  |  |
| 524 Banana River Drive   | 524 Banana River Drive  |  |  |
| Cocoa Beach, FL 32931  | Cocoa Beach, FL 32931   |  |  |
| The name and the Florida street address of Steve Kaplan        | stered Office, & Registered Agent's Signature:  f the registered agent are: |  |  |
|  |   |  |  |
|  | Name  |  |  |
| 524 Banana River Drive   |   |  |  |
| 524 Banana River Drive   | eet address (P.O. Box <u>NOT</u> acceptable)                                |  |  |
| 524 Banana River Drive<br>Florida str<br>Cocoa Beach, FL 32931 | eet address (P.O. Box <u>NOT</u> acceptable)  FL  FL                        |  |  |
| 524 Banana River Drive<br>Florida str<br>Cocoa Beach, FL 32931 | eet address (P.O. Box <u>NOT</u> acceptable)                                |  |  |

(CONTINUED)

## ARTICLE IV- Manager(s) or Managing Member(s):

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

| <u>Title:</u> "MGR" = Manager "MGRM" = Manager   | r                          | Name and Address:                          |    |  |
|--|----------------------------|--|----|--|
| MGRM   |                            | Steve Kaplan                               |    |  |
|  |                            | 524 S Banana River Drive                   |    |  |
|  |                            | Cocoa Beach, FL 32931                      |    |  |
| MGRM   |                            | Linda Kaplan                               |    |  |
|  | _                          | 524 Banana River Drive                     |    |  |
|  |                            | Cocoa Beach, FL 32931                      |    |  |
|  |                            |  |    |  |
|  | _                          |  |    |  |
|  |                            |  |    |  |
|  |                            |  |    |  |
|  | _                          |  |    |  |
|  |                            |  |    |  |
| (Use attachment if   | necessary)                 |  |    |  |
| NOTE: An addit   | ional article must be a    | dded if an effective date is requested.    |    |  |
| REQUIRED SIG   | NATURE:                    |  |    |  |
|  | SRN                        |  |    |  |
| Ē  | Signature of a member or a | an authorized representative of a member 3 |    |  |
| (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.) |                            |  |    |  |
|  | Steve Kaplan               | 8  | 11 |  |
|  | Typed o                    | or printed name of signee                  |    |  |
| Filing Fees:   |                            | 3: 08                                      |    |  |

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)