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12/15/05--01035--004 **160.00

COVER LETTER

Registration Section

TO:

Divis	on of Corporations	
SUBJECT: _	HARUEST RESEARCH 4 MANAGEMENT, LLC (Name of Limited Liability Company)	
The enclosed .	Articles of Organization and fee(s) are submitted for filing.	
Please return a	Il correspondence concerning this matter to the following:	
	HARVEY I. BEZOZI, MANAGING MEMBER	,
	HARVEST RESEARCH 4 MANAGEMENT, LU (Firm/Company)	<u>ر</u> _
	(Firm/Company) 380 SE MIZNFR BLUD, SUITE 1722 (Address)	
-	(Address) BOLA RATON, FL 33432 (City/State and Zip Code)	
	(City/State and Zip Code)	
For further inf	ormation concerning this matter, please call:	
HARVE	I BEZOZT at (S6) 929-1288 (Name of Person) (Area Code & Daytime Telephone Number)	
Enclosed is a	check for the following amount:	
⊒ \$125.00 Fi	ing Fee \$\Bigcup \\$130.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$155.00 \text{ Filing Fee & Certified Copy (additional copy is enclosed)}\$\$\$160.00 \text{ Filing Certified Copy (additional copy is enclosed)}\$\$\$\$	ıs &
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Street/Courier Address Registration Section Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle	

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

HARVEST RESEARCH \$	MANAGEMENT, LLC
(Must end with the words "Limited Liability Company, "Limited	d Company" or their abbreviation "LLC," or "L.C.,")
ARTICLE II - Address: The mailing address and street address of the pri	incipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
380 SE MIZNER BLVD, SUITE 1722 BOCA RATON FL 33432	380 SE MIZNER BLVD, SUITE 1722 BOCA RATON FL 33432
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
HARVEY I Name	3E202I
380 SE MIZNE	R BLUD, #1722
Florida street add	ress (P.O. Box NOT acceptable)
BOCH RATON, City, State, as	FL 33432 nd Zip
liability company at the place designated in the registered agent and agree to act in this capacity statutes relating to the proper and complete per accept the obligations of my position as regis Registered Agent Signat	E SE C
(CONTINU Page 1 of 2	1 = 5 = 1 + 2

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

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Member MGRM	HARVEY I. BEZOZI 380 SE MIZNER BLUD #1722 BOCA RATEN FL 3343Z
(Use attachment if necessary) ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	e date of filing: 1, 2000. (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE: Signature of a mem	MANAGING MEMBER 17/10/05
(In accordance with s of this document con that the facts stated	ection 608.408(3), Florida Statutes, the execution stitutes an affirmation under the penalties of perjury herein are true.)
HARVE	Y I. BEZOZT MAN 46 TAX MEMBER 12/10/05 yped 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)