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(Requestor's Name)				
(Address)				
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(City/State/Zip/Prione #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				

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TO:

Registration Section

Division of Co	rporations			
SUBJECT: Koshin-ha Budokan of Palm Beach, LLC				
	(Name of Limite	d Liability Company)		
The enclosed Articles of	f Organization and fee(s) are s	ubmitted for filing.		
Please return all corresp	ondence concerning this matte	er to the following:		
Edward L	. Butzin			
	(1	Name of Person)		
Koshin-ha	a Budokan of Pali			
	(Firm/Company)		
16593 12	21 Terrace N			
		(Address)		
Jupiter, F	FL 33478-6005			
	(City	/State and Zip Code)		
For further information	concerning this matter, please	call:		
Edward L. Butzin		at (561) 746-848	30	
(Name of Person)		(Area Code & Daytime Te		
Enclosed is a check fo	r the following amount:			
\$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	\$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporation Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is	:
Koshin-ha Budokan of Palm Beach, LLC (Must end with the words "Limited Liability Company, "Limit	
with the words Emined Emonity Company, Emin	and company of their abbreviation bees, or bic.,)
ARTICLE II - Address:	
The mailing address and street address of the p	rincipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
16593 121 Terrace N	same
Jupiter, FL 33478-6005	
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registusiness entity with an active Florida registration.) The name and the Florida street address of the	stered Agent. You must designate an individual or another
Edward L. Butzin	
Name	HASSEE,
16593 121 Terrace N	Idress (P.O. Box NOT acceptable)
Florida street ad	Idress (P.O. Box NOT acceptable)
Jupiter	FL 33478-6005
City, State,	and Zip
Having been named as registered agent and to	accept service of process for the above stated limited

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..

Registered Agent's Signature (REQUIRED)

(CONTINUED) Page 1 of 2

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 Edward L. Butzin 16593 121 Terrace N Jupiter, FL 33478-6005 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: (If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.) **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.)

Edward L. Butzin

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)

6 JAN 17 PM 12: 13 ECRETANI OF STATE LITAHASSEE FLORIDA