

206000051248

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

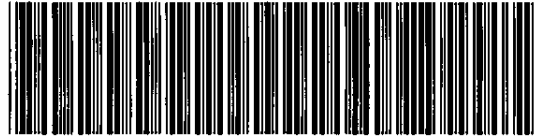
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05/18/06--01002--017 \*\*125.00

RECEIVED  
06 MAY 17 PM 4:44  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
2006 MAY 17 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

FILING COVER SHEET  
ACCT. #FCA-14

CONTACT: RICKY SOTO

DATE: 05/17/2006

REF. #: 000937.52213

CORP. NAME: KLEINFELD POLICIES, LLC

FILED  
2006 MAY 17 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

STATE FEES PREPAID WITH CHECK# 517159 FOR \$ 125.00

AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:

\_\_\_\_\_ COST LIMIT: \$ \_\_\_\_\_

PLEASE RETURN:

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| <input type="checkbox"/> CERTIFIED COPY        | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input checked="" type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS |   |  |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
KLEINFELD POLICIES, LLC  
A Florida Limited Liability Company**

**ARTICLE I - Name**

The name of the limited liability company is **KLEINFELD POLICIES, LLC** (the "Company").

**ARTICLE II - Principal Office**

The mailing address and street address of the principal office of the Company is One Southeast 3<sup>rd</sup> Avenue, Suite 1940, Miami, Florida 33131.

**ARTICLE III - Duration**

The period of duration for the Company shall be perpetual.

**ARTICLE IV - Management**

The Company is to be member-managed and the name and address of the initial manager is:

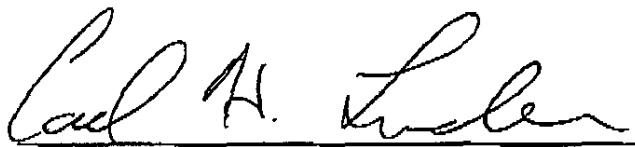
HARRISON ANDREW KLEINFELD  
One Southeast 3<sup>rd</sup> Avenue  
Suite 1940  
Miami, Florida 33131

**ARTICLE V - Admission of Additional Members**

The limited liability company shall have at least one (1) member. The limited liability company may admit additional members in accordance with the provisions of the operating agreement of the company.

**ARTICLE VI - Members' Rights to Continue Business**

The death, retirement, resignation, expulsion, dissolution, bankruptcy, dissociation or withdrawal of any member, or the occurrence of any other event that terminates the continued membership of any member shall not cause the Company to be dissolved or its affairs to be wound-up, and upon the occurrence of any such event, the Company shall be continued without dissolution and without any affirmative action or requirement on the part of the members.



**CARL H. LINDER, Authorized Representative**

**FILED**  
2005 MAY 17 AM 9:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CERTIFICATE OF DESIGNATION  
OF  
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.407 OR 608.415, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY ORGANIZED UNDER THE LAWS OF THE STATE OF FLORIDA, SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1. The name of the limited liability company is **KLEINFELD POLICIES, LLC.**
2. The name and Florida street address of the limited liability company's registered agent is **KARLEEN E. FOSTER**, One Southeast 3<sup>rd</sup> Avenue, Suite 1940, 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 by 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 the obligations of my position as a registered agent.*

**REGISTERED AGENT:**

  
\_\_\_\_\_  
**KARLEEN E. FOSTER**