

Division of Corporations Public Access System

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Division of Corporations

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From:

Account Name

: ROTHSTEIN, ROSENFELDT, ADLER

Account Number : 072164000350

: (954) 522-3456

Phone Fax Number

: (954) \$27-8663

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Koss Management Group, LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
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COVER LETTER

TO;

Registration Section
Division of Corporations

SECRETARY OF STATE

SUBJECT:	Koss Management Group, LLC
	(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:

(Name of Person)	· · · · · · · · · · · · · · · · · · ·
Rothstein Rosenfeldt Adler	
(Firm/Company)	
401 East Las Olas Boulevard, Suite 1650	i p
(Address)	
Fort Lauderdale, FL 33301	
(City/State and Zip Code)	

For further information concerning this matter, please call:

Christina M. Kitterman, Esq. at (954) 315-7228

(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

Mailing Address
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY STATE REPORTOR

ARTICLE I - Name:

The name of the Limited Liability Company is:

Koss Manag	rement G	roup, L	LC							
(Must and with t	he words "	Limited L	ability Com	pany, "Lin	nited Co	មេស្វាស្រុក ។	their abb	reviatio	a "LLC," o	۲"L.C.,")
ARTICLE	II - Addı	ress:								

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:	Mailing Address:
15 West Las Olas Boulevard	15 West Las Dias Sculevard
Fort Lauderdala, FL 33301	Fort Lauderdale, FL 33301

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business antity with an active Florida registration)

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

Christina M. Kitterman,	Esq
	Name
401 East Las Olas Bo	oulevard, Suite 1650
Florida str	reet address (P.O. Box NOT acceptable)
Fort Lauderdale	FT_ 33301
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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)
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ARTICLE IV- Manager(s) or Man The name and address of each Manager	ger or Managing Member is as	
Title:	Name and Address:	ZOOB MAY IT A I
"MGR" - Manager		
"MGRM" = Managing Member	•	SECRETARY OF ST TALLAHASSEE, FLO
MGRM	Andy Kostas	
	15 West Las Olas Boulevard	
	Fort Lauderdale, FL 33301	
		••
(Use attachment if necessary)	•	
•	S. J. COMPANIES.	
CLE V: Effective date, if other than the effective date is listed, the date must be 0 days after the date of filing.)		(OPTIONAL) than five business days price
REQUIRED SIGNATURE:		
1 rala	en	
Signature of a member	r or an authorized representative of	

(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.)

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) \$ 8.00 Certificate of Status (Optional)

Christina M. Kitterman, Esq.

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