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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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MAIL

(Business Entity Name)

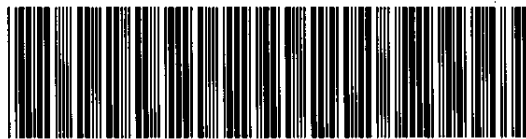
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TALLAHASSEE, FLORIDA

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2006 JUN -6 PM 12:19
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Capitol Services, Inc.

2750 Old St. Augustine Rd., N-145

Tallahassee, FL 32301

(850) 878-4734
Kathi or Brent

Office Use Only

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. Kohn Management, L.L.C. (Corporation Name) (Document #)
2. _____ (Corporation Name) (Document #)
3. _____ (Corporation Name) (Document #)
4. _____ (Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 6/6/06

☐ Certified Copy

☐ Mail Out

☐ Will wait

☒ Photocopy 57 pd

☐ Certificate of Status

NEW FILINGS

- ☒ Profit
☐ Not for Profit
☒ Limited Liability
☐ Domestication
☐ Other

AMENDMENTS

- ☐ Amendment
☐ Resignation of R.A., Officer/Director
☐ Change of Registered Agent
☐ Dissolution/Withdrawal
☐ Merger

OTHER FILINGS

- ☐ Annual Report
☐ Fictitious Name

REGISTRATION/QUALIFICATION

- ☐ Foreign
☐ Limited Partnership
☐ Reinstatement
☐ Trademark
☐ Other

Examiner's Initials

ARTICLES OF ORGANIZATION
FOR
KOHN MANAGEMENT, LLC
A FLORIDA LIMITED LIABILITY COMPANY

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ARTICLE I - NAME

The name of the company is **Kohn Management, LLC.**

ARTICLE II - ADDRESS

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

Principal Office Address

4160 Cleary Way
Orlando, Florida 32828

Mailing Address

4160 Cleary Way
Orlando, Florida 32828

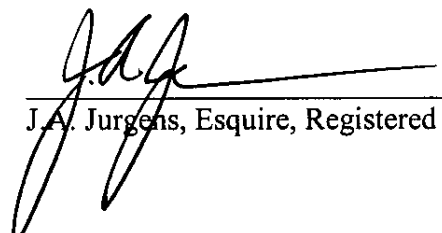
ARTICLE III

REGISTERED AGENT, OFFICE AND SIGNATURE

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

J.A. Jurgens, Esquire
J.A.. Jurgens, P.A.
505 Wekiva Springs Road, Suite #500
Longwood, Florida 32779

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, Florida Statutes.



J.A. Jurgens, Esquire, Registered Agent

ARTICLE IV

MANAGER OR MANAGING MEMBER

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

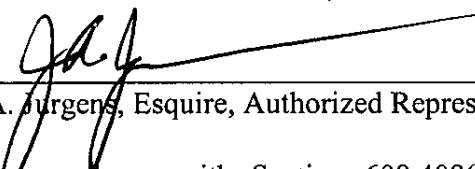
Title:

Name and Address:

MGR

Derek Kohn
4160 Cleary Way
Orlando, Florida 32828

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J.A. Jurgens, Esquire, Authorized Representative

(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.)