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(Requestor's Name)				
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PICK-UP	WAIT	MAIL		
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Certified Copies	Certificates	of Status		
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Special Instructions to	Filing Officer:			
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WH

COVER LETTER

TO:	Registration : Division of C			
SUBJ	ECT: KIR	2KLAND E. (Name of Limit	OKO DEVE	ELOPMONT, LL
The er	nclosed Articles	of Organization and fee(s) are	submitted for filing.	
Please	return all corre	spondence concerning this matt	er to the following:	
		ERAN 2	WORK	
			(Name of Person)	
			(Firm/Company)	·
	801	sw 89th	Terrace	
			(Address) (Address)	
		(Cit	y/State and Zip Code)	
For fu	rther information	n concerning this matter, please	e call:	
E	<u>PAN</u>	2MORA	at (954) 553 (Area Code & Daytime Te	9162
	(1144)		(rica code & Dajimo re	deprione (values)
Enclo	sed is a check	for the following amount:		
5 \$12:	5.00 Filing Fee	e S130.00 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 Addres 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:				
KIRK LAND ROAD (Must end with the words "Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Limited Liability Company," Limited Liability Company, "Limited Liability Company," Liability Company, "Liability Company, "Liability Company, "Liability Company, "Liability Company, "	OEVC Co P MENT, LLC, or "L.C.,")			
ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:				
Principal Office Address:	Mailing Address:			
200 S. Andrews Ave 9th Floor FORT Landerdale, Fr33301	801 Sw 89 Terrace Plantation, Fr 33321			
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Regist business entity with an active Florida registration.)				
The name and the Florida street address of the r	egistered agent are:			
DI KMATO JOHO				
Name Name Name Name Name Name Port Laudenbale FL 33301 City, State, and Zip				
	accept service of process for the above stated limited			
	his certificate, I hereby accept the appointment as v. I further agree to comply with the provisions of all			
	rformance of my duties, and I am familiar with and stered agent as provided for in Chapter 608, F.S			
Registered Agent's Signat	ure (REQUIRED)			
	-9 I			
(CONTIN				

ARTICLE IV- Manager(s) or Managing Member(s): The name and address of each Manager or Managing Member is as follows: Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM MGRM MGRM MGRM (Use attachment if necessary) - Please see attachmen **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.

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

that the facts stated herein are true.)

- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)

ERAN

ZMORA

(In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury

Typed or printed name of signee

a Continuation of kiticle IV. Managers

MGRM = NAHMAN KENTOR 801 SW 89 TETCAL PLANTATION, R 33324

MGRM: STANLEY H. ZINN 801 SW 89 Terrace Plantation. F. 33324

MGRM: Leonard & TOBY LAMPERT 801 SW 89 Terrace Plantation, Fe 33324

Total: 7 managing Members.