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(Re	equestor's Name)	
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106-133047

Goldstein, Levy & Gross, PA

December 26, 2006

Registration Section Divisions of Corporations PO Box 6327 Tallahassee, FL 32314

Re: KRISAR, LLC

We are enclosing a check in the amount of \$130 as filing fees for the Florida Limited Liability Company. The Transmittal Letter and Articles of Organization are filled out and signed.

All correspondence should be through our office. Thank you.

Sincerely,

Barbara P. Schwartz

Barbara P. Schwartz

COVER LETTER

TO: Registration Division of	Section Corporations		
SUBJECT: KRIS	AR LLC		
· <u></u>	(Name of Limite	ed Liability Company)	
The enclosed Articles	s of Organization and fee(s) are s	submitted for filing.	
Please return all corre	espondence concerning this matte	er to the following:	
Barbara l	P. Schwartz		200 TAI
	((Name of Person)	LER PE
Arnold S.	Goldstein & Associat	tes	C 28 TAR HASS
		(Firm/Company)	E C
2500 N.	Military Trail # 260		2006 DEC 28 AM 10: DO SECRETARY OF STATE TAILLAHASSEE.FLORID
		(Address)	6 B
Boca Ra	ton, FL 33431		
	(City	/State and Zip Code)	
For further information	on concerning this matter, please	call:	
Barbara P. Sch	wartz	at (561) 953-105	50
(Na	me of Person)	(Area Code & Daytime	Felephone Number)
Enclosed is a check	for the following amount:		
□ \$125.00 Filing Fe	e \$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 Addres Registration Section Division of Corporation Clifton Building 2661 Executive Cente Tallahassee, FL 3230	ons r Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:	•
The name of the Limited Liability Compa	any is:
KRISAR LLC	
(Must and with the words "Limited Liability Company,	, "Limited Company" or thoir abbreviation "LLC," or "LC.")
ARTICLE II - Address:	
	f the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
	141 Orine Road SSA 28
	Culte Neck, NJ 07722
	istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another.
The name and the Florida street address o	of the registered agent are:
_ CorpDirect_A	Agents, Inc.
515 East Par	rk Avenue
Florida str	reet address (P.O. Box <u>NOT</u> acceptable)
Tallahassee	<u> </u>
City,	State, and Zip
Design being some of an included of an in-	

Having been named as registered agent and to acce, it 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.

MALN. HOUR ASST. SOC.
Registered Agent's Signature (ILEQUIRED)

(CONTINUEE)

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	Karim Bandy	
·	141 Crine Road	
	Colts Neck, NJ 07722	
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(Use attachment if necessary)	- PA	AM 10: 00
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ICLE V: Effective date, if other than the	date of filing (OPTIONA	L)
n effective date is listed, the date must b	e specific and cannot be more than five business days	

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.)

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)