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Office Use Only



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COVER LETTER

TO: Registration Se Division of Co			
SUBJECT. KANE	REAL ESTATE, L	LC	
SUBSECT:		f Liability Company)	
The enclosed Articles o	f Organization and fee(s) are so	ubmitted for filing.	
Please return all corresp	ondence concerning this matte	r to the following:	
<u>WILLIAM</u>	J. KANE, TRUST	TEE	
	(1	Name of Person)	•
	(Firm/Company)	
3415 Ga	It Ocean Drive, S		
<u> </u>	t oodii Diiro, t	(Address)	<u>, , , , , , , , , , , , , , , , , , , </u>
Ft. Laud	erdale, FL 3330	8	
		State and Zip Code)	
For further information	concerning this matter, please	call:	
Matthew A. Mo	ontgomery	at (513 574-89) (Area Code & Daytime To	00
(Name	of Person)	(Area Code & Daytime To	elephone Number)
Enclosed is a check for	or the following amount:		
\$125.00 Filing Fee	\$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 Corporatio Clifton Building 2661 Executive Center Tallahassee, FL 32301	ns

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	CI	E.	T _ 1	Nα	me	

The name of the Limited Liability Company is:

KANE REAL ESTATE, LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "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:		
3415 Galt Ocean Drive, Suite 391	3415 Galt Ocean Drive, Suite 391		
Ft. Lauderdale, FL 33308	Ft. Lauderdale, FL 33308		•
		other ⊆	SECRETAR SECRETAR
	Name	₽	1 1 1 1 1 1
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Florida s	treet address (P.O. Box NOT acceptable)	_ A	<u> </u>
Ft. Lauderdale	FL 33308	2	5141 E

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..

City, State, and Zip

Registered Agent' (1) (CALCAURED)

(CONTINUED) 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:

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGRM	WILLIAM J. KANE, TRUSTEE U/A 8/20/94 3415 Galt Ocean Drive, Suite 391 Ft. Lauderdale, FL 33308
(Use attachment if necessary)	
ARTICLE V: Effective date, if other than the (If an effective date is listed, the date must to or 90 days after the date of filing.)	he date of filing: (OPTIONAL) be specific and cannot be more than five business days prior
REQUIRED SIGNATURE:	
Signature of a mem	ther or any the condition of a member.
(In accordance with a of this document control that the facts stated	section 503.448(3), Florida Statutes, the execution astitutes an adirmation under the penalties of perjury d herein are true.)
	NE, TRUSTEE U/A 8/20/94 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) \$ 5.00 Certificate of Status (Optional)

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