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(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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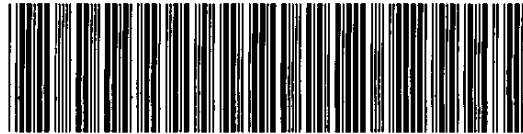
(Business Entity Name)

(Document Number)

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TALLAHASSEE, FLORIDA

607-121763

cc Thomas DEC - 7 2007

WHITMAN BREED ABBOTT & MORGAN LLC
ATTORNEYS AT LAW

500 WEST PUTNAM AVENUE
P.O. BOX 2250
GREENWICH, CONNECTICUT 06830
203-869-3800
TELECOPIER: 203-869-1951

WRITER'S E-MAIL ADDRESS:
ccoates@wbamct.com

WRITER'S DIRECT DIAL NUMBER:
203-862-2350

December 5, 2007

VIA OVERNIGHT MAIL

Florida Department of State
Registration Section
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314

Re: Carol S. Klein Associates LLC

Gentlemen:

We are the attorneys representing Carol S. Klein Associates LLC.

Enclosed please find for filing a Cover Letter and two copies of the Articles of Organization for the above-referenced Limited Liability Company. Also enclosed is a check made payable to the Florida Department of State in the amount of \$160.00 to cover the filing fee, Certificate of Status and Certified Copy.

I would be grateful if you would return the completed Certificate of Status and Certified copy to me in the UPS overnight envelope that has been included for your convenience.

Please do not hesitate to contact me with any questions you may have.

Very truly yours,



Charles E. Coates III

CEC/lc
Encl.

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TALLAHASSEE, FLORIDA

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: CAROL S. KLEIN ASSOCIATES 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:

Charles E. Coates III
(Name of Person)

Whitman Breed Abbott & Morgan LLC
(Firm/Company)

500 West Putnam Avenue
(Address)

Greenwich, CT 06830
(City/State and Zip Code)

For further information concerning this matter, please call:

Charles E. Coates III at (203) 862-2350
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for 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 Address
Registration Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CAROL S. KLEIN ASSOCIATES LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

3400 South Ocean Boulevard

Apartment 12C

Highland Beach, FL 33487

Mailing Address:

3400 South Ocean Boulevard

Apartment 12C

Highland Beach, FL 33487

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 entity with an active Florida registration.)

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

Allen D. Klein

Name

3400 South Ocean Boulevard, Apt. 12C

Florida street address (P.O. Box **NOT** acceptable)

Highland Beach FL 33487

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..

Allen D. Klein

Registered Agent's Signature (REQUIRED)

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TALLAHASSEE, FLORIDA

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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:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Carol S. Klein

3400 South Ocean Boulevard, Apt. 12C
Highland Beach, FL 33487

MGR

Allen D. Klein

3400 South Ocean Boulevard, Apt. 12C
Highland Beach, FL 33487

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(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.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:

Carol S. Klein

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.)

Carol S. Klein

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)**