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## **COVER LETTER**

TO: Registration S Division of Co			
SUBJECT: K.R.V	/. Management	L.L.C.	
30 <b>0</b> 000		ted Liability Company)	,
The enclosed Articles of	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Robert P	. Lang, Jr.		
***		(Name of Person)	
KRV Ma	nagement, L.L.	C.	
		(Firm/Company)	,
23012 O	ld Inlet Bridge	•	
		(Address)	
Boca Ra	ton FL 33433		
	(Ci	ty/State and Zip Code)	
For further information	concerning this matter, pleas	e call:	•
Robert Lang		_at ( 561 ) 883-792	25
(Name	of Person)	(Area Code & Daytime Tele	phone Number)
Enclosed is a check fe	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 Address Registration Section Division of Corporations Clifton Building 2661 Executive Center C	irele

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability Compan	ıy is:	
KRV Management L.L.C.  (Must end with the words "Limited	Liability Company, "L.L.C.," or "LLC.")	
ARTICLE II - Address: The mailing address and street address of the	he principal office of the Limited Liabil	ity Company is:
Principal Office Address:	Mailing Address:	
23012 Old Inlet Bridge Boca Raton, FL 33433	23012 Old Inlet Bridge Boca Raton, FL 33433	
23012 Old Inle	Registered Agent. You must designate an individual the registered agent are:  r. Name  t Bridge et address (P.O. Box NOT acceptable)	
Boca Raton Fl	L 33433 tate, and Zip	3
Having been named as registered agent and liability company at the place designated registered agent and agree to act in this cap statutes relating to the proper and complet accept the obligations of my position as	d to accept service of process for the abo d in this certificate, I hereby accept the ap pacity. I further agree to comply with the	ppointment as provisions of all miliar with and

(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>	Name and Address:	
"MGR" = Manager		
"MGRM" = Managing Member		
MGRM	Robert Lang Jr	_
	23012 Old Inlet Bridge	
	Boca Raton, FL 33433	_
MGR	Keith Lang	
	2827 Monza	
	Sebring, FL 33872	_
MGR	Vera Scott	
	1617 Dacosta	_
	Dearborn, MI 48128	_
		_
		_

**ARTICLE V:** Effective date, if other than the date of filing: **January** (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:** 

(Use attachment if necessary)

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.)

Robert P Lang Jr

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)