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| PICK-UP | WAIT | MAIL | |
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| Certified Copies | _ Certificates | of Status | |
| Special Instructions to Filing Officer: | | | |
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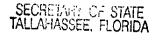
EXAMINER

COVER LETTER

| TO: | Registration Section Division of Corporations |
|-----------------|--|
| • | Kaumas 110 |
| SUBJI | ECT: ANEMOS, LLC (Name of Limited Liability Company) |
| • | (Name of Emilion Blacking Company) |
| The en | sclosed Articles of Organization and fee(s) are submitted for filing. |
| Please | return all correspondence concerning this matter to the following: |
| | |
| | (Name of Person) |
| | (Name of Person) |
| | KANEMOS, LLC (Firm/Company) |
| | (Firm/Company) |
| | 817 Maddock STREET |
| | (Address) |
| | 817 Maddock STREET (Address) West Palm Beach, Fl 33405 (City/State and Zip Code) |
| | (City/State and Zip Code) |
| For fur | ther information concerning this matter, please call: |
| , | |
| KAI | (Name of Person) at (561) 3/5-9958 (Area Code & Daytime Telephone Number) |
| | (Name of Person) (Area Code & Daytime Telephone Number) |
| Enclos | sed is a check for the following amount: |
| ⊡ \$125. | .00 Filing Fee \$\bigcup \\$130.00 Filing Fee & \bigcup \\$155.00 Filing Fee & \bigcup \\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed) 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 Division of Corporations Clifton Building 2661 Executive Center Circle |



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FLORIDA DEPARTMENT OF STATE Division of Corporations

September 5, 2008

KAREN LISI 817 MASSOCK ST W PALM BEACH, FL 33405

SUBJECT: KANEMOS, LLC Ref. Number: W08000041325

We have received your document for KANEMOS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on September 4, 2008. Please amend your document accordingly.

Please return the corrected original and one copy of your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6855.

Tammy Hampton
Regulatory Specialist II
Registration/Qualification Section

,

Letter Number: 308A00048904

Division of Corporations - P.O. ROX 6327 Tallahassee, Florida 32314

Effective Date 09/13/08

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | | |
|---|--|---|
| The name of the Limited Liability Compa | ny is: | |
| Kanemos, LLC | d Liability Company, "L.L.C.," or "LLC.") | |
| · | a Liability Company, L.L.C., or LLC. | |
| ARTICLE II - Address: The mailing address and street address of | the principal office of the Limite | d Liability Company is: |
| Principal Office Address: | Mailing Address: | , |
| 817 Maddock Street | 817 Maddock Street | |
| West Palm Beach, FI 33405 | West Palm Beach, Fl 33405 | |
| The name and the Florida street address of Karen Lisi | f the registered agent are: | |
| 817 Maddock St | reet | |
| Florida str | reet address (P.O. Box NOT acceptable) | , |
| West Palm Beac | | |
| City, | State, and Zip | |
| Having been named as registered agent at liability company at the place designate registered agent and agree to act in this castatutes relating to the proper and complaceept the obligations of my position as | ed in this certificate, I hereby acce pacity. I further agree to comply lete performance of my duties, and s registered agent as provided for | pt the appointment as with the provisions of all I am familiar with and |
| Registered Agent's | Signature (REQUIRED) | S. S. |
| et_e. | | 8 SEI ECRET |

(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:

| Title: | Name and Address: |
|---|---|
| "MGR" = Manager "MGRM" = Managing Memb | per |
| MGR | Karen Lisi |
| | 817 Maddock Street |
| | West Palm Beach, Fl 33405 |
| | |
| | |
| | |
| | |
| | |
| | |
| | |
| (Use attachment if necessary) | |
| | than the date of filing: 9/13/2008 . (OPTIONAL) must be specific and cannot be more than five business days prior |
| <u>REQUIRED</u> 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.)

Karen Lisi

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)

Page 2 of 2

SECKETARY OF STATE