

W09000020223

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

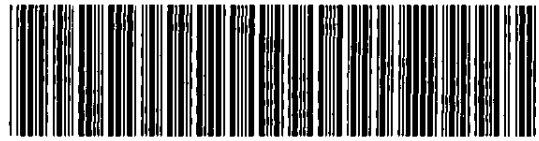
(Document Number)

Certified Copies _____ Certificates of Status _____

Special Instructions to Filing Officer:

Elyse Kist GAVE
AUTHORIZATION BY PHONE TO
CORRECT Name of LLC
DATE 3-2-09
DOC. EXAM MA

Office Use Only



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09 MAR - 2 AM 10:06
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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MAR 27 2009

EXAMINER

W09-9095

COVER LETTER

**TO: Registration Section
Division of Corporations**

EFK MANAGEMENT SERVICES, LLC

SUBJECT: _____

(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:

Elyse Kist

(Name of Person)

EFK MANAGEMENT SERVICES, LLC

(Firm/Company)

3111 Lakeview Blvd.

(Address)

Delray Beach, FL 33445

(City/State and Zip Code)

For further information concerning this matter, please call:

Elyse Kist

(Name of Person)

at

(561) 504-7232

(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 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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

09 MAR - 2 AM 10:00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

EFK MANAGEMENT SERVICES, 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:

Mailing Address:

3111 Lakeview Blvd.
Delray Beach, FL
33445

3111 Lakeview Blvd.
Delray Beach, FL
33445

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:

Elyse Kist
Name

3111 Lakeview Blvd
Florida street address (P.O. Box **NOT** acceptable)
Delray Beach FL 33445
City, State, and Zip

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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..

Elyse Kist
Registered Agent's Signature (REQUIRED)

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:

MGR

Elyse Kist
3111 Lakeview Blvd.
Delray Beach, FL 33445

MGRM

Sara R. Greenspan
2522 Clairemont
San Diego, CA 92117

MGRM

Michael E. Greenspan
2522 Clairemont
San Diego CA 92117

MGRM

Lindsay A. Kist
1513 Cromer
State College, PA 16801

(Use attachment if necessary)

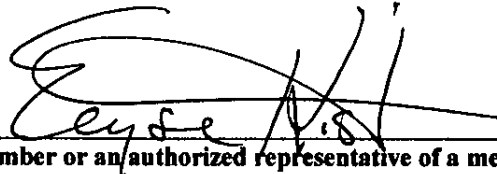
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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REQUIRED SIGNATURE:



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.)

Elyse Kist

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)