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| PICK-UP WAIT MAIL |
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| Special Instructions to Filing Officer: |
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SECRETARY OF STATE
AND ABASSEE, FLORIDA

T. CLINE FEB - 1 2010

EXAMINER

COVER LETTER

TO:

Registration Section

| Division of | Corporations | | | |
|-------------------------|---|--|--|---------------------|
| SUBJECT: | KHWI | PROPERTIES, LLC | | |
| | | ed Liability Company | | |
| The enclosed Articles | s of Organization and fee(s) are | submitted for filing. | | |
| Please return all corre | espondence concerning this matt | er to the following: | | |
| | N | Misty Weinger | | |
| | | Name of Person | | |
| | Kofsky, Ha | artman & Weinger, PA | | |
| - - | | Firm/Company | | |
| | 4010 | Sheridan Street | | |
| | | Address | | |
| | Holly | wood, FL 33021 | FCa FTCa FTCA | |
| | Cit | y/State and Zip Code | ر بر سر ۱۳۱ پیت ۱۳۰ | |
| | MWeing | ger@KHWCPA.com or future annual report notification) | 1230 | ۱۱. د |
| For further information | on concerning this matter, please | • | EF FLER | |
| | sty Weinger | at (954) 985-8319 Area Code & Daytime Telephone Numb | <u> </u> | O |
| Nan | ne of Person | Area Code & Daytime Telephone Numb | per | |
| Enclosed is a check | for the following amount: | | | |
| \$125.00 Filing Fee | e []\$130.00 Filing Fee & Certificate of Status | Certified Copy Certification (additional copy is enclosed) Certified Certified | Filing Fee, ate of Status I Copy Il copy is enclo | |
| | Mailing Address Registration Section Division of Corporations | Street/Courier Address Registration Section Division of Corporations | | |

P.O. Box 6327 Tallahassee, FL 32314 Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: | |
|---|---|
| The name of the Limited Liability Compa | any is: |
| | |
| KHW Pro | pperties, LLC |
| (Must end with the words "Limit | ed Liability Company," "L.L.C.," or "LLC.") |
| ARTICLE II - Address: | |
| The mailing address and street address of | f the principal office of the Limited Liability Company is |
| Principal Office Address: | Mailing Address: |
| 4010 Sheridan Street | 4010 Sheridan Street |
| Hollywood, FL 33021 | Hollywood, FL 33021 |
| | istered Office, & Registered Agent's Signature: on Registered Agent. You must designate an individual or another of the registered agent are: |
| | in registered again are: |
| Mis | sty Weinger 💢 👺 |
| | Name Sheridan Street |
| 4010 \$ | Sheridan Street 5 5 5 |
| Florida street addre | ss (P.O. Box <u>NOT</u> acceptable) |
| Hollywood, | |
| 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..

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV- Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

| MGRM Kofsky, Hartman & Weinger, PA 4010 Sheridan Street Hollywood, FL 33021 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be more than five business date days after the date of filing.) | Title: | Name and Address: | |
|---|--|---|-------------------|
| (Use attachment if necessary) LE V: Effective date, if other than the date of filing: GOPTION fective date is listed, the date must be specific and cannot be more than five business da days after the date of filing.) REOUIRED 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.) Patricia Hartman Typed or printed name of signee | "MGR" = Manager "MGRM" = Managing Member | | |
| Hollywood, FL 33021 (Use attachment if necessary) LE V: Effective date, if other than the date of filing: fective date is listed, the date must be specific and cannot be more than five business da days after the date of filing.) REOUIRED 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.) Patricia Hartman Typed or printed name of signee | MGRM | | _ |
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of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)