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Florida Department of State
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To: Division of Corporations
Fax Number : (850)617-6383

From: Account Name : CSH SERVICES, LLC
Account Number : I20070000160
Phone : (800)494-3124
Fax Number : (561)455-9885

L. SELLERS
APR 14 2010
EXAMINER

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: _____

FLORIDA LIMITED LIABILITY CO.

Kobi H Cape03, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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**ARTICLES OF ORGANIZATION FOR A
FLORIDA LIMITED LIABILITY COMPANY**

In compliance with Chapter 608, F.S.

ARTICLE I NAME

The name of the Limited Liability Company is:

KOBH H CAPE03, LLC

ARTICLE II ADDRESS

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

782 LAKE BOULEVARD
WESTON, FLORIDA 33326**ARTICLE III REGISTERED AGENT, REGISTERED OFFICE &
REGISTERED AGENT SIGNATURE**

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

YACOV HEMO
782 LAKE BOULEVARD
WESTON, FLORIDA 33326

Having been named as registered agent 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.

X YACOV HEMO / Registered Agent's signatureFILED
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PAGE 2 KOBH H CAPE03, LLC

ARTICLE IV MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is, therefore, a Manager Managed Company.

ARTICLE V MANAGERS (optional)

MANAGER

YACOV HEMO

782 LAKE BOULEVARD

WESTON, FLORIDA 33326

.....

X

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.

YACOV HEMO

#1000008439

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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