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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

T. CLINE

MAY - 4 2010

EXAMINER



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

April 23, 2010

LAWRENCE SCOTT AARONS  
5135 WEST CYPRESS STREET, STE 101  
TAMPA, FL 33607

SUBJECT: KADIMA GROUP LLC  
Ref. Number: W10000019940

We have received your document for KADIMA GROUP LLC and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Section 608.407, Florida Statutes, requires the document(s) to be signed by a member or by the authorized representative of a member.

Please return 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) 245-6020.

Tammi Cline  
Regulatory Specialist II

Letter Number: 410A00010121

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## COVER LETTER

**TO: Registration Section  
Division of Corporations**

**SUBJECT: KADIMA GROUP LLC**

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:

Lawrence Scott Aarons

Name of Person

KADIMA GROUP LLC

Firm/Company

5135 West Cypress Street Ste. 101

Address

Tampa, Florida 33607

City/State and Zip Code

lawrenceaarons@hotmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Lawrence S. Aarons

Name of Person

at ( 813 )

545-0779

Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |  |   |   |
|--|--|---|---|
| <input type="checkbox"/> \$125.00 Filing Fee | <input checked="" type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(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

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TALLAHASSEE, FLORIDA

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## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

KADIMA GROUP 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:

5135 W. Cypress Street Suite 101

Tampa, Florida 33607

#### Mailing Address:

5135 W. Cypress Street Suite 101

Tampa, Florida 33607

### 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:

Lawrence S. Aarons

Name

12807 Darby Ridge Drive

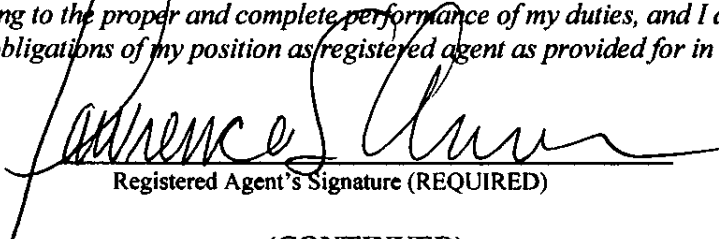
Florida street address (P.O. Box **NOT** acceptable)

Tampa

FL 33625

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)

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**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

Lawrence S. Aarons

12807 Darby Ridge Drive

Tampa, Florida 33625

MGRM

Elanit Aarons

12807 Darby Ridge Drive

Tampa, Florida 33625

MGRM

Carole Mehlman

4015 E. Hanlon Street

Tampa, Florida 33617

\_\_\_\_\_

\_\_\_\_\_

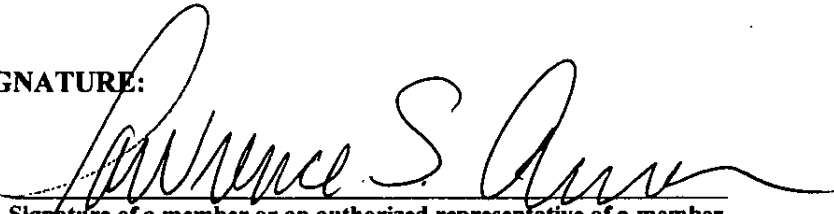
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(Use attachment if necessary)

**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.)

**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.)

Lawrence S. Aarons

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)**

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