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C. LEWIS

AUG 2 3 2010

EXAMINER

COVER LETTER

TO:		Registration Section	
.57	*	Division of Corporation	

SUBJECT: Kamins	Boca, LLC		
	Name of Limit	ed Liability Company	
The enclosed Articles o	f Organization and fee(s) are	submitted for filing.	
Please return all corresp	ondence concerning this mat	ter to the following:	
Sheldon B. K	amins	All	
		Name of Person	
Kamins Boca	, LLC		
		Firm/Company	
7306 Sawgras	ss Point Dr.		1
		Address	
Pinellas Park,	Florida 33782		
		ty/State and Zip Code	
shelkamins@		for future annual report notification)	
For further information	concerning this matter, pleas-	e call:	
Sheldon B. Kamins		at (301) 529 2500	
Name	of Person	Area Code & Daytime Telep	ohone Number
Enclosed is a check for	or the following amount:		
□\$125.00 Filing Fee	■\$130.00 Filing Fee & Certificate of Status	Certified Copy (additional copy is enclosed)	\$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address Registration Section Division of Corporations P.O. Box 6327	Street/Courier Address Registration Section Division of Corporations Clifton Building	

Tallahassee, FL 32314

2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Kamins Boca, LLC	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7306 Sawgrass Point Dr. Pinellas park, Florida 33782	7306 Sawgrass Point Dr., Pinellas Park, Florida 33782
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.) The name and the Florida street address of the re Sheldon B. Kamins	red Agent. You must designate an individual or another
Name Name	
7306 Sawgrass Point Dr.	ASSUF
	ress (P.O. Box NOT acceptable) FL 33782
Pinellas Park	FL 33782
City, Stat	e, and Zip
liability company at the place designated in th registered agent and agree to act in this capacity. statutes relating to the proper and complete per	ccept service of process for the above stated limited his certificate, I hereby accept the appointment as I further agree to comply with the provisions of all formance of my duties, and I am familiar with and tered agent as provided for in Chapter 608, F.S.
Registered Agent's Signatu	re (REQUIRED)

(CONTINUED)
Page 1 of 2

FILED

The name and address of each Manager or Managing Member is as followill AUG 29 AM 14: 42 SECRETARY OF STATE TALLAHASSEE, FLORIDA Name and Address: Title: "MGR" = Manager "MGRM" = Managing Member MGRM Sheldon B. Kamins 7306 Sawgrass Point Dr. Pinellas Park, Florida 33782 Member Diane Sembler-Kamins 7306 Sawgrass Point Dr. Pinellas Park, Florida 33782 (Use attachment if necessary) ARTICLE V: Effective date, if other than the date of filing: Upon 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

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)

that the facts stated herein are true.)

Sheldon B. Kamins

Typed or printed name of signee