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**EXAMINER** 

DIVISION OF CORFORATIONS

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### Advanced Incorporating Service, Inc.

- 1317 California Streat

Phone: 850-222-CORP

•	P.O. Box 20396 Taliahassee, FL 32316	Fax: 850-575-2724 Email: orders@advanceding Website: www.advanceding	orporating.Edit
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## ARTICLES OF ORGANIZATION FOR EDWARD KALOUST FAMILY MANAGEMENT, LLC A FLORIDA LIMITED LIABILITY COMPANY

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#### ARTICLE I - NAME

The name of the Limited Liability Company is: EDWARD KALOUST FAMILY
MANAGEMENT, LLC

#### ARTICLE II - ADDRESS

The mailing address and street address of the principal office of the Limited Liability

Company is: 921 Seddon Cove Way, Tampa, Florida 33602

#### **ARTICLE III - DURATION**

The period of duration for the Limited Liability Company shall be: Until dissolved pursuant to its Operating Agreement.

#### ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by the members. The names and addresses of the managing members are:

EDWARD KALOUST 921 Seddon Cove Way Tampa, FL 33602

ARTICLE V - ADMISSION OF ADDITIONAL MEMBERS

The right, if given, of the members to admit additional members and the terms and

conditions of the admissions shall be: Additional members may be admitted only as

unanimously agreed upon by the Members as set forth in the Operating Agreement.

**ARTICLE VI - MEMBERS RIGHTS TO CONTINUE BUSINESS** 

The right, if given, of the remaining members of the limited liability company to continue the

business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member

or the occurrence of any other event which terminates the continued membership of a member in

the limited liability company shall be: Only with the consent of all the remaining Members.

IN WITNESS WHEREOF, these Articles of Organization have been signed, as Managing

Member, by: Edward Kaloust.

Dated this 28th day of June, 2010.

und Kalout

Edward Kaloust

Managing Member

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#### STATE OF FLORIDA COUNTY OF HILLSBOROUGH

The foregoing instrument was acknowledged before me this 28th day of June, 2010, by Edward Kaloust, who has produced a Florida Driver License as identification,

Jeffrey M. Lasman, Notary Public

JEFFREY M LASMAN MY COMMISSION & DD938720
EXPIRES November 08, 2013

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### CERTIFICATE OF DESIGNATION OF REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is: EDWARD KALOUST FAMILY MANAGEMENT, LLC
- The name and address of the registered agent and office is:

Jeffrey M. Lasman, Esquire LASMAN LAW FIRM, P.A. 6152 Delancey Station Street, Suite 205 Riverview, Florida 33578

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.

June 28, 2010 (Date)