

L11000140750

Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

**Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.**

(((H11000274648 3)))



H110002746483ABCD

**Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.**

To:

Division of Corporations  
Fax Number : (850) 617-6383

From:

Account Name : INCORPORATING SERVICES FL  
Account Number : I20050000052  
Phone : (302) 531-0855  
Fax Number : (850) 656-7953

*Please honor  
the original  
submission  
date as  
the file  
date,  
thanks!*

**\*\*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.

Carol + Gary Pahn LLC

|                       |          |
|-----------------------|----------|
| Certificate of Status | 0        |
| Certified Copy        | 1        |
| Page Count            | 02       |
| Estimated Charge      | \$155.00 |

A. LUNT

DEC 15 2011

EXAMINER

RECEIVED  
11 DEC 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Electronic Filing Menu

Corporate Filing Menu

Help



December 14, 2011

FLORIDA DEPARTMENT OF STATE  
Division of Corporations

INCORPORATING SERVICES FL

SUBJECT: CAROL & GARY KAHN LLC  
REF: W11000058779

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The name of the entity listed on the fax cover sheet and the name of the entity listed in the document must be identical. Please amend the document or the fax cover sheet accordingly.

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) 245-6094.

Agnes Lunt  
Regulatory Specialist II

FAX Aud. #: H11000274648  
Letter Number: 611A00027878

RECEIVED  
11 DEC 14 PM 2:21  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

P.O BOX 6327 - Tallahassee, Florida 32314

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

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

CAROL & GARY KAHN 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:**

7101 RAIN FOREST DR.  
BOCA RATON, FL 33434

**Mailing Address:**

10 ESQUIRE ROAD, SUITE 4  
NEW CITY, NY 10956

**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:

ENID HOFFMAN

Name

7101 RAIN FOREST DRIVE

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

BOCA RATON FL 33434

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)  
ENID HOFFMAN

(CONTINUED)

2011 NOV 18 AM 10:00  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA  
FILED

**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:**

MGRM

ARTICLE IV TRUST FBO A LIPUMA - GARY KAHN  
IRREVOCABLE LIFE INSURANCE TRUST I U/A/D 11/16/05  
10 ESQUIRE ROAD, STE. 4  
NEW CITY, NY 10956

MGRM

ARTICLE IV TRUST FBO A LIPUMA - GARY KAHN  
IRREVOCABLE LIFE INSURANCE TRUST II U/A/D 11/16/05  
10 ESQUIRE ROAD, SUITE 4  
NEW CITY, NY 10956

MGRM

GARY KAHN IRREVOCABLE LIFE INSURANCE TRUST I  
10 ESQUIRE ROAD, STE. 4  
NEW CITY, NY 10956

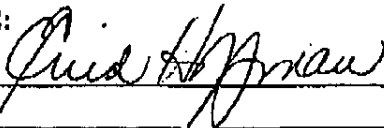
MGRM

GARY KAHN IRREVOCABLE LIFE INSURANCE TRUST II  
10 ESQUIRE ROAD, STE. 4  
NEW CITY, NY 10956

(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.

**ENID HOFFMAN, AUTHORIZED REPRESENTATIVE OF ALL MEMBERS**

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

**ENID HOFFMAN, MANAGING TRUSTEE OF**

Typed or printed name of signee

**ALL MEMBERS**

**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)