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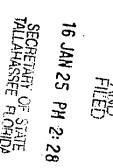
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COVER LETTER

TO:	Registration Section Division of Corporations
SUBJ	Name of Limited Liability Company
The er	closed Articles of Organization and fee(s) are submitted for filing.
Please	return all correspondence concerning this matter to the following:
	GERHARD ADLER
	Name of Person
	Firm/Company
	5940 PELICAN BAY PLAZA S. #304 Address GULFPORT, FL 33707
	Address
	GULFPORT, FL 33707
	City/State and Zip Code
	E-mail address: (to be used for future annual report notification)
For furth	er information concerning this matter, please call:
	GERHARD ADLER at 407, 491-6890
	Name of Person Area Code Daytime Telephone Number
Enclos	ed is a check for the following amount:
\$ 125.0	Status St
	Mailing Address New Pillon Sention No. 1811 - 181
	New Filing Section New Filing Section Division of Corporations Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	ICI	Æ.I	[_]	Name:

16 JAN 25 PM 2: 28

The name of the Limited Liability Company is:

KURTICUS LL

SECRETARY OF STATE

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

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:

GERHARD ADLER

Name

Sq40 PELICAN BAY PLAZA S.

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

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 605, F.S..

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2



ARTICLE IV- The name and address of each person authorized	to manage and control the Limited Liability Company 2: 28			
Title: "AMBR" = Authorized Member "MGR" = Manager MGR" = Manager	Name and Address:	SECRETARY OF STALLAHASSEE FLO	STATE ORIDA	
(Use attachment if necessary)				
ARTICLE V: Effective date, if other than the date of filing (If an effective date is listed, the date must be specific and the date of filing.) Note: If the date inserted in this block does not meet the the document's effective date on the Department of State'	d cannot be more than fi applicable statutory filing	ve business days prior to or 9	-	
ARTICLE VI: Other provisions, if any.				
REQUIRED SIGNATURE:	ldler			
Signature of a member of a member of a member of This document is executed in act I am aware that any false informations a third degree felony	cordance with section 605 ation submitted in a docum	.0203 (1) (b), Florida Statutes. tent to the Department of State		
SÉRHAR Typec	D ADLER dor printed name of signed	2		
	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)