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To: Division of Corporations
Fax Number : (850) 617-6381

From: Account Name : GRAYROBINSON, P.A. - ORLANDO
Account Number : I20010000078
Phone : (407) 843-8880
Fax Number : (407) 244-5690

STATE OF FLORIDA
TALLAHASSEE, FLORIDA

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Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.

Email Address: mitch.kirschner@gray-robinson.com

FLORIDA LIMITED LIABILITY CO.
KONI MANAGEMENT LLC

Certificate of Status	0
Certified Copy	0
Page Count	04
Estimated Charge	\$125.00

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FLORIDA DEPARTMENT OF
BUREAU OF COMMERCIAL
INFORMATION SERVICES

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Aug. 17. 2017. 11:06AM

No. 0769 P. 2
H170002184123

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: KONI MANAGEMENT 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:

Mitchell B. Kirschner, Esq.

Name of Person

Gray Robinson P.A.

Firm/Company

225 N.E. Mizner Boulevard, Suite 500

Address

Boca Raton, Florida 33432

City/State and Zip Code

mitch.kirschner@gray-robinson.com

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

For further information concerning this matter, please call:

Mitchell B. Kirschner, Authorized at (561) 368-3808

Name of Person

Area Code

Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 Filing Fee ☐ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)

Mailing Address

New Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314

Street Address

New Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KONI MANAGEMENT LLC

(Must contain 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:

Mailing Address:

c/o Philippe Cohen
9467 Harding Avenue
Surfside, FL 33154

c/o Philippe Cohen
9467 Harding Avenue
Surfside, FL 33154

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:

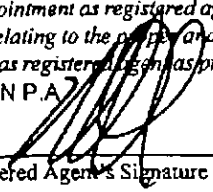
Gray Robinson P.A.
Name

225 N.E. Mizner Boulevard, Suite 500
Florida street address (P.O. Box **NOT** acceptable)

Boca Raton, FL 33431
City State 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 duties 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..

GRAY ROBINSON P.A.

By: 
Registered Agent's Signature (REQUIRED)
Mitchell B. Kirschner

(CONTINUED)

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ARTICLE IV-

The name and address of each person authorized to manage and control the Limited Liability Company:

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Name and Address:

SEE ATTACHMENT

(Use attachment if necessary)

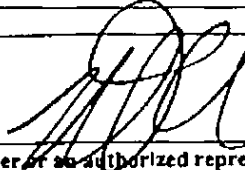
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.)

Note: If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

ARTICLE VI: Other provisions, if any.

REQUIRED SIGNATURE:



Signature of a member or an authorized representative of a member.
This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes.
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.

Mitchell B. Kirschner, Authorized Representative

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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**ATTACHMENT TO
ARTICLES OF ORGANIZATION
OF
KONI MANAGEMENT LLC**

The names and addresses of each person authorized to manage and control the Limited Liability Company are as follows:

<u>Title</u>	<u>Name</u>	<u>Street Address</u>
AMBR	Philippe Cohen (25%)	9467 Harding Avenue Surfside, Florida 33154
AMBR	Isaac Quazana (12.5%)	3503 Glen Avenue Baltimore, Maryland 21215
AMBR	Benjamin Quazana (12.5%)	3503 Glen Avenue Baltimore, Maryland 21215
AMBR	Benjamin Israel (25%)	12 Rue 3 Yavne Tel Aviv, Israel
AMBR	Olivier Nataf (25%)	12 Rue Paul Baudry 75008 Paris, France