Page 1 of 2

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

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Division of Corporations

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annual report mailings. Enter only one email address please.**

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FLORIDA LIMITED LIABILITY CO. KOKOMO FAMILY, LLC

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Page Count	02
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Electronic Filing Menu

Corporate Filing Menu

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I. - Name

The name of the Limited Liability Company is:

KOKOMO FAMILY, LLC

ARTICLE II. - Address

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

1800 S.E. 10th Avenue Suite #202 Ft. Lauderdale, FL 33316

ARTICLE III. - Registered Agent, Registered Office, & Registered Agent's Signature

The name and the Florida street address of the registered agent are:

Corpco, Inc. 2699 South Bayshore Drive 7th Floor Miami, FL 33133

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.

REGISTERED AGENT:

CORPCO, INC., a Florida corporation

By: Michael D. Katz, Esq., President

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ARTICLE IV. - Management

The Limited Liability Company will be manager-managed. The name and address of the manager of the Limited Liability Company is:

Richard Schefter 1800 S.E. 10th Avenuc Suite #202 Ft. Lauderdale, FL 33316

Muchael Dodan

Michael D. Katz, Esq., Authorized Representative of Member(s)
(In accordance with section 605.0203 (1) (b), 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.)

VISION OF CORPORATION

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