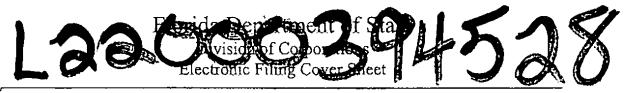
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Division of Corporations



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.

(((H22000317208 3)))



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To:

Division of Corporations

Fax Number

: (850)617-6381

From:

: KATZ BASKIES & WOLF PLLC Account Name

Account Number : I20080000071

Phone

: (561)910-5700

Fax Number

: (561)910-5701

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

FLORIDA LIMITED LIABILITY CO. KHARRANA CAPITAL LLC

Certificate of Status 0 Certified Copy 0 Page Count 03 Estimated Charge \$125.00

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S. CHATHAM

COVER LETTER

	lew Filing Section Pivision of Corporations		
SUBJECT	KHARRANA CAPITAL LLC		
oobibe.		of Limited Liabi	lity Company
The enclos	sed Articles of Organization and fe	e(s) are submitte	d for filing.
Please retu	um all correspondence concerning	this matter to the	following:
	Jeffrey A. Baskies		
		Name o	f Person
	Katz Baskies & Wolf PLLC		
	-	Firm/C	ompany
	3020 North Military Trail Suite	100	
		Add	1628
	Boca Raton, FL 33431		
	jeff.baskies@katzbaskies.com	City/State a	nd Zip Code
		e used for future	annual report notification)
For further i	nformation concerning this matter,	please cail:	
	Jeffrey A. Baskies	561 at (910-5700
	Name of Person	Area Code	Daytime Telephone Number
Enclosed is	s a check for the following amount	:	
≡\$ 125.00	Filing Fee S130.00 Filing Certificate of State	us Certif	55.00 Filing Fee & Status & 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 The Centre of Tallahassee 2415 N. Monroe Street, Suite 810 Tallahassee, FL 32303

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability	y Company is:				
KHARRANA CAPIT (Must cont	TAL LLC ain the words "Limited Li	ability Company,	"L.L.C.," or "LLC.")	<u> </u>	
ARTICLE II - Address: The mailing address and street ad	ldress of the principal offi	ice of the Limited	Liability Company is:		
<u>Princip</u>	al Office Address:		Mailing Address:		
1800 S. Ocean Blvd., Boca Raton, FL 3343			O S. Ocean Blvd., Unit 5F a Raton, FL 33432	_ _ _ 2	ISIA10 38
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:					골음
	KATZ BASKIES & W	OLF PLLC	_	ယ္	SIME ORATIONS
	1	Name	-	64	
	3020 NORTH MILITA	RY TRAIL SUI	TE 100		¢o.
	Florida street address (P.O. Box <u>NOT</u> a	cceptable)		
	BOCA RATON	FL	33431		

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.

State

Zip

City

H22000317208 3

"AMBR" = 1 "MGR" = 1	Authorized Member	Name and Address:	
MGR		HARVEY RUDMAN 1800 S. Ocean Blvd., Unit 5F Boca Raton, FL 33432	_
		Boca Raton, FL 33432	
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