

Electronic Filing Cover Sheet

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Ta:

Division of Corporations

Fax Number : (850)617-6381

From:

Account Name : VCORP SERVICES, LLC

Account Number : I20080000067 : (845)425-0077 Phone Fax Number : (845)818-3588

\*\*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.

## Kinyan MNH LLC

Certificate of Status	: 0
Certified Copy	0
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Estimated Charge	\$125.00

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

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The name of the Limited Liability Company is:

Kinyan MNH 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:
5225 Collins Ave #1501	5225 Collins Ave #1501
Miami Beach, FL 33140	Miami Beach, FL 33140

### ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

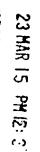
(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Ezra Birnbaum	_	
	Nine	
5225 Collins Ave #1	1501	
Florida street addre	ss (P.O. Box <u>NOT</u> ac	cceptable)
Miami Beach	FL	33140
Ck:	State	Zio

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. Thereby 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)



18886118813

\$ 5.00 Certificate of Status (Optional)

Title:	Name and Address:
"AMBR" = Authorized Mo	mber
"MGR" = Manager	
AMBR	Ezra Birnbaum 5225 Collins Ave #1501
	5225 Collins Ave #1501 Miani Beach, FL 33140
	Trainir Coden, 115 2 2 4 40
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Tective date is listed, the da	y) than the date of filing: (OPTIONAL) e must be specific and cannot be more than five business days prior to or 90
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