

L97000000722

CAPITOL SERVICES d/b/a
PARALEGAL & ATTORNEY SERVICE BUREAU, INC.

(Requestor's Name)

1406 Hays Street, Suite 2

(Address)

Tallahassee, FL 32301 (904) 656-3992

(City, State, Zip)

(Phone #)

OFFICE USE ONLY

600002230976--3

-07/07/97--01064--018

****285.00 ****285.00

CORPORATION NAME(S) & DOCUMENT NUMBER(S) (if known):

1. KARAUD Enterprises, Inc.
(Corporation Name) (Document #)
2. _____
(Corporation Name) (Document #)
3. _____
(Corporation Name) (Document #)
4. _____
(Corporation Name) (Document #)

☒ Walk in

☒ Pick up time 7/2

☐ Certified Copy

☐ Mail out

☐ Will wait

☒ Photocopy *Stamped*

☐ Certificate of Status

NEW FILINGS	
<input type="checkbox"/>	Profit
<input type="checkbox"/>	NonProfit
<input checked="" type="checkbox"/>	Limited Liability
<input type="checkbox"/>	Domestication
<input type="checkbox"/>	Other

AMENDMENTS	
<input type="checkbox"/>	Amendment
<input type="checkbox"/>	Resignation of R.A. Officer/Director
<input type="checkbox"/>	Change of Registered Agent
<input type="checkbox"/>	Dissolution/Withdrawal
<input type="checkbox"/>	Merger

OTHER FILINGS	
<input type="checkbox"/>	Annual Report
<input type="checkbox"/>	Fictitious Name
<input type="checkbox"/>	Name Reservation

REGISTRATION/ QUALIFICATION	
<input type="checkbox"/>	Foreign
<input type="checkbox"/>	Limited Partnership
<input type="checkbox"/>	Reinstatement
<input type="checkbox"/>	Trademark
<input type="checkbox"/>	Other

Examiner's Initials

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KARAUD ENTERPRISES, L.C.

ARTICLE II - Address:

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

15 Eisenhower Drive, Cresskill, New Jersey 07626.

ARTICLE III - Duration:

The period of duration for the Limited Liability Company shall be: Perpetual.

ARTICLE IV - Management:

(check and complete the appropriate statement)

- ☒ The Limited Liability Company is to be managed by a manager or managers and the name(s) and address(es) of such manager(s) who is/are to serve as manager(s) is/are:

Karen Irwin

15 Eisenhower Drive
Cresskill, NJ 07626

Audrey Loeb

12 Shorncliffe Avenue
Toronto, Ontario CANADA M4V1T1

- ☐ The Limited Liability Company is to be managed by the members and the name(s) and address(es) of the managing member(s) is/are: N/A

FILED
97 JUL -2 PM 4:28
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned ~~member~~ or authorized representative of a member of _____

KARAUD ENTERPRISES, L.C. _____ deposes and says:

- 1) the above named limited liability company has at least two members
- 2) the total amount of cash contributed by the member(s) is \$ 185,000.00
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 550,000.00
A description of the property is attached and made a part hereto.
- 4) the amount of cash or property anticipated to be contributed by member(s) is \$ 550,000.00
- 5) the total amounts of 2, 3 and 4 is \$ 1,285,000.00



Signature of ~~a member~~ or authorized representative of a member.

(In accordance with section 608.408(3), Florida Statutes, the execution of this affidavit constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

**CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE**

PURSUANT TO THE PROVISIONS OF SECTION 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

1 The name of the limited liability company is: KARAUD ENTERPRISES, L.C.

2 The name and address of the registered agent and office is:


National Corporate Research, Ltd., Inc.
(NAME)

1406 Hays St., Suite 2
(P. O. Box NOT ACCEPTABLE)

Tallahassee, FL 32301
(CITY/STATE/ZIP)

97 JUL -2 PM 4: 28
FILED
TALLAHASSEE, FLORIDA
STATE

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.


Kathleen J Hill (SIGNATURE) Asst. Sec.

07/02/97
(DATE)

Filing Fee: \$ 35 for Designation of Registered Agent

DESCRIPTION OF PROPERTY

Lot #27, Block A, Audubon County Club, Unit 1, according to the plat thereof as recorded in
Plat Book 15, pages 30 through 35, inclusive of the Public Records of Collier County,
Florida.