# 98000000305

ACCOUNT NO. : 072100000032

REFERENCE :

738168

81627A

**AUTHORIZATION:** 

COST LIMIT :

ORDER DATE: March 12, 1998

ORDER TIME: 9:54 AM

CORPORATION

ORDER NO. : 738168-005

CUSTOMER NO:

81627A

CUSTOMER:

Ms. Susie Pierce

STORACE & LUPINO

90130 Old Highway

600002455086--9

Tavernier, FL 33037

DOMESTIC FILING

NAME:

KARAL ASSOCIATES, L.C.

#### EFFECTIVE DATE:

ARTICLES OF INCORPORATION CERTIFICATE OF LIMITED LIABILITY COMPANY.

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

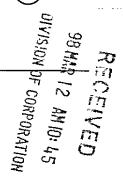
CERTIFIED COPY

PLAIN STAMPED COPY

CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Andrew Cumper

EXAMINER'S INITIALS:



#### TRANSMITTAL LETTER FOR FLORIDA LIMITED LIABILITY COMPANY

Department of State
Division of Corporations
P. O. Box 6327
Tallahassee, FL 32314



SUBJECT:	KARAL ASSOCIATES, L.C.	
	(Proposed limited liability company name - mus	t include suffix
i		
<b>;</b>		P
<u> </u>	ı	•
Enclosed is an original	ginal and one (I) copy.	
;	,	
Filing fee for articl	les of organization of Florida Limited Liability Compa	iny:
\$ #nco.or		
· · · · · · · · · · · · · · · · · · ·	O Filing fee for Articles of Organization and Affidavit  Designation of Registered Agent	,
	ledgment will be issued free of charge upon filing. Ple	
	'a cestificate of status is needed. The fee for a cestified e check for the total amount made payable t	
Department of		
- 1		,
FROM:		•
	Name (Printed or typed)	
i	:	
<i>i</i> —	Address	
•	1	1
;	1	
_	City, State & Zip	<del></del>

Daytime Telephone number

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

#### ARTICLE I- Name:

The name of the Limited Liability Company is:

KARAL ASSOCIATES, L.C.

#### ARTICLE II- Address:

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

471 N. ARROWHEAD TRAIL VERO BEACH, FLORIDA 32963

#### 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;

LEE BLATT 471 N. ARROWHEAD TRAIL VERO BEACH, FLORIDA 32963

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:

## AFFIDAVIT OF MEMBERSHIP AND CONTRIBUTIONS

The undersigned member or authorized representative of a memb	er of
TABAL ACCOMES NOT	deposes and says:
1) the above named limited liability company has at least two memb	
2) the total amount of cash contributed by the member(s) is	s 30,000 oc
<ol> <li>if any, the agreed value of property other than cash contributed by A description of the property is attached and made a part hereto.</li> </ol>	member(s) is \$
4) the amount of cash or property anticipated to be contributed by me	ember(s) is s _ o _
5) the total amounts of 2, 3 and 4 is	\$ 30,000

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

PURSUANT TO THE PROVISIONS OF SECTION 608,415 Or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMESTITE FOLLOWING STATEMENT IN DESIGNATING THE REGISTERED OFFICE/REGISTERED AGENT, IN THE STATE OF FLORIDA.

The name Of the limited liability Company is: KARAL ASSOCIATES, L.C.		
:		
,		·
i		
he name and	address Of the registered agent and Office is:	1
		,
	LEE BLATT	
	(NAME)	
		ı
<i>'</i>	471 N. ARROWHEAD TRAIL	
	(P. O. BOX NOT ACCEPTABLE)	
,	VERO BEACH, FLORIDA 32963	,
	(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 proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

(SIGNATURE)

3 10 98 (DATE)

Filing Fee: \$ 35 for Designation of Registered Agent