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COLSON, SAWYER & ASSOCIATES

1511 NW 159 Lane
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November 30, 1998

Florida Department Of State
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

9000002705199--5
-12/07/98--01156--001
****285.00 ****285.00

CM

Re: KASSWIN
Florida Limited Liability Corporation formation

Dear Sirs:

Enclosed are the completed forms for the formation of KASSWIN as a Florida limited liability corporation, and a check made payable to "Florida Department of State"

FILED
98 DEC -7 PM 3:32
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Very truly yours,

Armand Colson

Armand Colson

ARTICLE VI - Members Rights to Continue Business:

The right, if given, of the remaining members of the limited liability company to continue the business on the death, retirement, resignation, expulsion, bankruptcy, or dissolution of a member or the occurrence of any other event which terminates the continued membership of a member in the limited liability company shall be:

To be addressed via amendment

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE VII - Affidavit of Membership and Contributions

The undersigned member or authorized representative of a member of _____

KASSWIN, L.L.C. certifies:

- 1) the above named limited liability company has at least one member;
- 2) the total amount of cash contributed by the member(s) is \$ 20,000.00;
- 3) if any, the agreed value of property other than cash contributed by member(s) is \$ 0.00;
(A description of the property is attached and made a part hereto.); and
- 4) the total amount of cash and property contributed and anticipated to be contributed by member(s) is \$ 20,000.00.

V. Armand Colson

Signature of a member or an 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.)

V. Armand Colson

Typed or printed name of signee

Filing Fee: \$250.00 for Articles and Affidavit

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

KASSWIN, L.L.C.

ARTICLE II - Address:

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

19302 E. Country Club Drive
Aventura, Florida 33180

ARTICLE III - Duration:

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

Perpetual

ARTICLE IV - Management:

(Check the appropriate box and complete the 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:

☒ 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:

- G. Hudson Drakes, M.D.
8555 16TH Street, Suite 203
Silver Spring, Md. 20910

- Kassandra J. Thomas
3215 NE 184TH Street, #14201
Aventura, FL 33180

- Winton Forde, II
19302 E. Country Club Drive
Aventura, FL 33180

- V. Armand Colson
1571 NW 154TH Lane
Pembroke Pines, FL 33028

ARTICLE V - Admission of Additional Members:

The right, if given, of the members to admit additional members and the terms and conditions of the admissions shall be:

N/A

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TALLAHASSEE, FLORIDA

**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 TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the limited liability company is: _____

KASSWIN, L.L.C.

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

V. Armand Colson

NAME

1511 N.W. 159TH Lane

Florida street address (P. O. Box **NOT** ACCEPTABLE)

Pembroke Pines, FL 33028

CITY, STATE AND 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.

V. Armand Colson

SIGNATURE

Filing Fee: \$ 35 for Designation of Registered Agent

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

98 DEC -7 PM 3:32

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