L00000001104

January 14, 2000

Florida Department of State

Dear sirs,

I am interested in getting a LLC.
My name is Sheila Cooperman

My address: 750 Egret Circle #6401
Delray Beach, FL 33444

phone# 561-276-6566
work # 561-495-5999
cell# 561-289-0083

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-01/25/00--01030--012
****125.00 ****125.00

W - 1947

Thank you,

Sincerely,
Sheila Cooperman

FILED
00 JAN 31 PM 1:54
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

1/31

FLORIDA DEPARTMENT OF STATE
Katherine Harris
Secretary of State

January 24, 2000

SHEILA COOPERMAN
750 EGRET CIRCLE #6401
DELRAY BEACH, FL 33444

SUBJECT: COSMIC GUIDANCE
Ref. Number: W00000001947

We have received your document for COSMIC GUIDANCE, however upon receipt of your document no check was enclosed. Please send a check or money order payable to the Department of State for $125.00.

The name of a Limited Liability Company must end with the words "limited company", "limited liability company" or their abbreviation "L.C." or "L.L.C."

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 487-6097.

Michael Mays
Document Specialist

Letter Number: 700A00003245

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:
The name of the Limited Liability Company is:

Cosmic Guidance

ARTICLE II - Address:
The mailing address and street address of the principal office of the Limited Liability Company is:

760 Egret Circle #6401
Delray Bch, FL 33444

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

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

Sheila Cooperman
Name

760 Egret Circle #6401
Florida street address (P.O. Box **NOT** acceptable)

Delray Beach FL 33444
City, State, and Zip

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TALLAHASSEE FLORIDA

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 608, F.S..

Sheila Cooperman
Registered Agent's Signature

Article IV - Management (Check box if applicable.)
☐ The Limited Liability Company is to be managed by one manager or more managers and is, therefore, a manager - managed company.

(An additional article must be added if an effective date is requested)

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

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

Sheila Cooperman
Typed or printed name of signee

Filing Fees:
$100.00 Filing Fee for Articles of Organization
$ 25.00 Designation of Registered Agent
$ 30.00 Certified Copy (Optional)
$ 5.00 Certificate of Status (Optional)