

Division of Corporations

**L06000039053**

2006 APR 13 A 11: 52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H06000099474 3))

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:  
Division of Corporations  
Fax Number : (850)205-0383

From:  
Account Name : HODGSON RUSS LLP  
Account Number : 072720000242  
Phone : (561)394-0500  
Fax Number : (561)394-3862

RECEIVED  
06 APR 13 PM 2:54  
DIVISION OF CORPORATIONS

FLORIDA/FOREIGN LIMITED LIABILITY CO

Stofft Cooney Ohio, LLC

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing Menu

Help

Marla R. Mayster  
1801 North Military Trail  
Suite 200  
Boca Raton, Florida 33431  
Telephone: 561.394.0500  
Facsimile: 561.394.3862

**FILED**  
2006 APR 13 A 11:52  
**Hodgson Russ LLP**  
ATTORNEYS  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

A Registered Limited Liability Partnership Including Professional Associations

Please deliver the following pages to:

**Name:** Division of Corporations  
**Phone Number:**  
**Company:** Florida Dept. of State  
**Facsimile:** 850-205-0383  
**From:** Marla R. Mayster **Direct Telephone:** 561-862-4126  
**Total Pages:** (including cover page) 04  
**Today's Date:** Thursday, April 13, 2006 2:16:02 PM  
**Comments:**

Please file the attached Articles of Organization of Stofft Cooney Ohio, LLC. Thank you.

**Confidentiality Notice**

This is a CONFIDENTIAL transmission. The sender, Hodgson Russ LLP, is a law firm representing its client. The transmission is intended for the designated addressee only. If you are not the intended recipient, please contact us immediately and **REFRAIN FROM DISCLOSING OR USING THE ENCLOSED INFORMATION IN ANY WAY.** Failure to comply with this direction may result in a claim that you have violated the law and/or are liable for money damages.

Thank you for your attention to this message. If you have received this transmission in error, please notify us by telephone 561-862-4126 immediately so that we can arrange for the return of the documents to us at no cost to you.

**FILED**

2006 APR 13 2:11:52  
H06000099474 3  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION  
OF  
STOFFT COONEY OHIO, LLC**

**ARTICLE I  
NAME**

The name of the limited liability company is Stofft Cooney Ohio, LLC (the "Company").

**ARTICLE II  
ADDRESS**

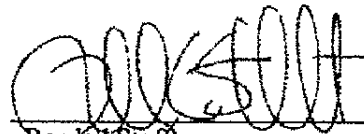
The mailing address and the street address of the principal office of the Company is 42 North Swinton Avenue, Delray Beach, Florida 33444.

**ARTICLE III  
INITIAL REGISTERED AGENT**

The name and street address of the initial registered agent for service of process of the Company in the State of Florida are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

IN WITNESS WHEREOF, the undersigned made and executed these Articles of Organization this 8<sup>th</sup> day of March, 2006.



\_\_\_\_\_  
Randall Stofft,  
Managing Member

**FILED**

H06000099474 3

2006 APR 13 A 11:52

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

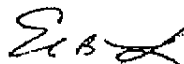
PURSUANT TO THE PROVISIONS OF SECTION 608.415 OR 608.507, FLORIDA STATUTES, THE BELOW NAMED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

- 1. The name of the limited liability company is Stoff Cooney Ohio, LLC.
- 2. The name and Florida street address of the registered agent and office are:

CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, Florida 32301

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, the undersigned hereby accepts the appointment as registered agent and agrees to act in this capacity. The undersigned further agrees to comply with the provisions of all statutes relating to the proper and complete performance of its duties, and it is familiar with and accepts the obligations of its position as registered agent.

CORPDIRECT AGENTS, INC.

By:   
 Name: Ed LARY  
 Title: ASST SECRETARY