

LO 8000057824

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

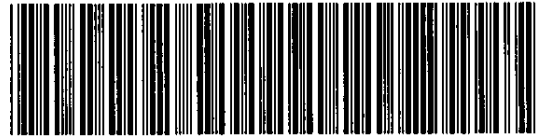
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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RECEIVED  
08 JUN -9 AM 8:43  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

FILED  
08 JUN -9 AM 10:45  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FLORIDA

B. KOHR

JUN 12 2008

EXAMINER



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 601464 4810520

AUTHORIZATION :

*Spencer*

COST LIMIT : \$ 125.00

08 JUN-9 AM 10:45  
FILED  
STATE  
TALLAHASSEE, FLORIDA

ORDER DATE : June 6, 2008

ORDER TIME : 4:24 PM

ORDER NO. : 601464-015

CUSTOMER NO: 4810520

DOMESTIC FILING

NAME: COHEN FASHION OPTICAL STORE  
NO. 36, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: \_\_\_\_\_



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

**RESUBMIT**

Please give original  
submission date as file date.

June 9, 2008

AMANDA ROATH  
CSC  
TALLAHASSEE, FL

SUBJECT: COHEN FASHION OPTICAL STORE NO. 36, LLC  
Ref. Number: W08000027990

RECEIVED

08 JUN 11 PM 4:10

FLORIDA DEPARTMENT OF STATE  
DIVISION OF CORPORATIONS  
TALLAHASSEE, FL

08 JUN -9 AM 10:45  
FILED

We have received your document for COHEN FASHION OPTICAL STORE NO. 36, LLC and the authorization to debit your account in the amount of \$125.00. However, the document has not been filed and is being returned for the following:

As discussed, I feel the mailing address in Article II would be better if it included the street address of the mall, which I think is "8000 WEST BROWARD BLVD."

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) 245-6914.

Buck Kohr  
Regulatory Specialist II

Letter Number: 408A00035432

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cohen Fashion Optical Store No. 36, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

FILED  
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TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

**ARTICLE II - Address:**

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

**Principal Office Address:**

100 Quentin Boulevard, Suite 400  
Garden City, New York 11530

**Mailing Address:**

Broward Mall, #135  
8000 W Broward Blvd  
Plantation, Florida 33388

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company  
Name

1201 Hays Street  
Florida street address (P.O. Box **NOT** acceptable)

Tallahassee FL 32301  
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 as provided for in Chapter 608, F.S..*

Corporation Service Company

BY: Amanda Roath  
Registered Agent's Signature (REQUIRED)

**Amanda Roath**  
**As its agent**

(CONTINUED)

**ARTICLE IV- Manager(s) or Managing Member(s):**

The name and address of each Manager or Managing Member is as follows:

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**

MGR

Houchens Industries, Inc.

700 Church Street

P. O. Box 90009

Bowling Green, Kentucky 42102-9009

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**REQUIRED SIGNATURE:**

*Barbara G. Mangus*  
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.)

Barbara G. Mangus, authorized representative

Typed or printed name of signee

**Filing Fees:**

**\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent**

**\$ 30.00 Certified Copy (Optional)**

**\$ 5.00 Certificate of Status (Optional)**