

Division of Corporations

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Florida Department of State  
Division of Corporations  
Electronic Filing Cover Sheet

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To:

Division of Corporations  
Fax Number : (850) 617-6383

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FLORIDA LIMITED LIABILITY CO.  
Cracked Wall Comedy Theater LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

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G. MCLEOD

DEC 22 2010

EXAMINER

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ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name

The name of the Limited Liability Company is: **Cracked Wall Comedy Theater LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

8927 Hypoluxo Road, Bldg. A-4 #224

8927 Hypoluxo Road, Bldg. A-4 #224

Lake Worth, FL 33467

Lake Worth, FL 33467

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

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

**Ronald Jay Cohen**

Name

8927 Hypoluxo Road, Bldg. A-4 #224

(P.O. Box or Mail Drop Box NOT Acceptable)

Lake Worth, FL 33467

(City / State / Zip)

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*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.*



**Registered Agent's Signature - Ronald Jay Cohen**

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

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

**Title:**

**Name and Address:**

"MGR" = Manager

"MGRM" = Managing Member

MGRM

Ronald Jay Cohen 8927 Hypoluxo Road, Bldg. A-4 #224  
Lake Worth, FL 33467

(Use attachment if necessary)

**REQUIRED SIGNATURE:**



\_\_\_\_\_  
Signature of a member or 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. )

Ronald Jay Cohen

\_\_\_\_\_  
Typed or printed name of signer

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