

# L000000009268

Brian Cohen

Requester's Name

4105 North 49th Ave.

Address

Hollywood, FL 33021

City/State/Zip

Phone #

200003340892--1

-07/31/00--01125--014

\*\*\*150.00 \*\*\*150.00

Office Use Only

## CORPORATION NAME(S) & DOCUMENT NUMBER(S), (if known):

1. \_\_\_\_\_  
(Corporation Name) (Document #)

2. \_\_\_\_\_  
(Corporation Name) (Document #)

3. \_\_\_\_\_  
(Corporation Name) (Document #)

4. \_\_\_\_\_  
(Corporation Name) (Document #)

☐ Walk in

☐ Pick up time

☐ Certified Copy

☐ Mail out

☐ Will wait

☐ Photocopy

☐ Certificate of Status

### NEW FILINGS

☐ Profit

☐ Not for Profit

Name ☐ Limited Liability

Availability ☐ Domestication

Document ☐ Other  
Examiner DCC

### OTHER FILINGS

Update ☐ DCC

Updater ☐ Annual Report

Verifier ☐ Fictitious Name

Acknowledgement DCC

W. P. Verifier DCC

### AMENDMENTS

☐ Amendment

☐ Resignation of R.A., Officer/Director

☐ Change of Registered Agent

☐ Dissolution/Withdrawal

☐ Merger

### REGISTRATION/QUALIFICATION

☐ Foreign

☐ Limited Partnership

☐ Reinstatement

☐ Trademark

☐ Other

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

00 JUL 31 PM 3:27

FILED

L000000009268

Examiner's Initials

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name:

The name of the Limited Liability Company is:

COHEN CONSULTING, L.C.

## ARTICLE II - Address:

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

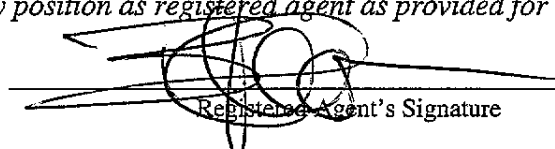
4105 NORTH 49TH AVE.  
HOLLYWOOD, FL 33021

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

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

BRIAN COHEN  
Name  
4105 NORTH 49TH AVE  
Florida street address (P.O. Box NOT acceptable)  
HOLLYWOOD FL 33021  
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.

  
Registered Agent's Signature

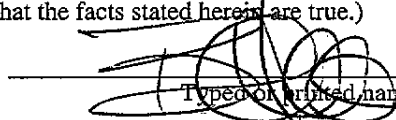
## Article IV - Management (Check box if applicable.)

☐ 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)

BRIAN COHEN  
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.)

  
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)

FILED  
JUL 31 PM 3:27  
CLERK OF STATE  
TALLAHASSEE, FLORIDA