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Florida Department of State

Division of Corporations Public Access System Katherine Harris, Secretary of State

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To:

Division of Corporations

Fax Number

: (850) 922-4003

: BARNETT, BOLT, KIRKWOOD & LONG Account Name

Account Number : 072731001155 : (813)253-2020 Phone

: (813)251-6711 Fax Number

LIMITED LIABILITY COMPANY

Cohen Foster LLC

Certificate of Status	0
Certified Copy	. 0
Page Count	01
Estimated Charge	\$125.00

H01000026893 7

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	•	
ARTICLE I - Name:		
The name of the Limited Liabil	lity Company is:	
	Cohen Foster LLC	
ARTICLE II - Address:	and the Limited Lightlity Compa	any is:
The mailing address and street	address of the principal office of the Limited Liability Comp	
201 Eas	it Kennedy Boulevard, Suite 1000 Florida, 33602-5829	
	gent, Registered Office, & Registered Agent's Signature:	MAR IL PM L. 08 CRETARY OF STATE LAHASSEE, FLORID
The name and the Florida stre	et address of the registered agent are:	
.! Ba	arry A. Cohen	
	Name 01 East Kennedy Boulevard, Suite 1000	Σ π α
	Florida street address (P.O. Box <u>NOT</u> acceptable) ampa FL 33602-5829	
•	City, State, and Zip	
registered agent and agree to	ered agent and to accept set vice of proceedings and the appointment of designated in this certificate, I hereby accept the appointment of act in this capacity. I further agree to comply with the provise and in this capacity. I further agree to comply with the provise act in this capacity. I further agree to complete performance of my duties, and I am familiar with position as Tegistered agent as provided for in Chapter 608, F.	th and
		r
	Registered Agent's Signature	
. Article IV - Management	(Check box if applicable.)	and is,
The Limited Liability	Company is to be managed by one manager of 20012	
therefore, a manager - man	aged company.	
1	·	
the state of the s	The state of the s	<i>†</i>
	re of a member or an authorized representative of a member.	
of this	ordance with section 608.408(3), Florida Statutes, the execution document constitutes an affirmation under the penalties of perjury facts stated herein are true.)	
:	Barry A. Cohen	
	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)