

L01000017474

**Florida Department of State
Division of Corporations
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To:
Division of Corporations
Fax Number : (850) 205-0383

From:
Account Name : LAMONT & NEIMAN, P.A.
Account Number : I20000000051
Phone : (305) 530-9400
Fax Number : (305) 530-9409

AL

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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LIMITED LIABILITY COMPANY

COCOVISTA, LLC

Certificate of Status	1
Certified Copy	1
Page Count	03
Estimated Charge	\$160.00

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I -

The name of the Limited Liability Company is:

COCOVIDA, LLC

ARTICLE II - Address:

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

**2977 McFarlane Road
Coconut Grove, Florida 33133**

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

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

**Lamont & Neiman, P.A.
One Biscayne Tower, 3550
Two South Biscayne Boulevard
Miami, Florida 33131**

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, we hereby accept the appointment as registered agent and agree to act in this capacity. We further agree to comply with the provisions of all statutes relating to the proper and complete performance of our duties, and we are familiar with and accept the obligations of our position as registered agent as provided for in Chapter 808, F.S..

REGISTERED AGENT

LAMONT & NEIMAN, P.A.

By: 

Jan G. Neiman, Secretary

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ARTICLE IV - Management:

The Limited Liability Company is to be managed by one manager or more managers and is, therefore a manager - managed company.

Israel Kaganas

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TALLAHASSEE, FLORIDA

01 OCT 11

(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.)

Israel Kaganas

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