

L03000042121

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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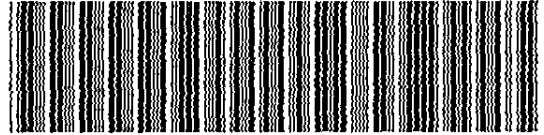
(Business Entity Name)

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03 OCT 31 AM 10:51
DIVISION OF CORPORATION

FILED
03 OCT 31 PM 12:49
TALLAHASSEE, FLORIDA

**CORPORATE
ACCESS,
INC.**

236 East 6th Avenue . Tallahassee, Florida 32303

P.O. Box 37066 (32315-7066) ~ (850) 222-2666 or (800) 969-1666 Fax (850) 222-1666

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☒ CERTIFIED COPY _____

_____ CUS _____

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☒ FILING LLC

1.) La Piazza II, LLC
(CORPORATE NAME & DOCUMENT #)

2.) _____
(CORPORATE NAME & DOCUMENT #)

3.) _____
(CORPORATE NAME & DOCUMENT #)

4.) _____
(CORPORATE NAME & DOCUMENT #)

5.) _____
(CORPORATE NAME & DOCUMENT #)

SPECIAL INSTRUCTIONS _____

**ARTICLES OF ORGANIZATION
OF
LA PIAZZA II, LLC**

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TALLAHASSEE, FLORIDA

THE UNDERSIGNED, pursuant to the provisions of Chapter 608 of the Florida Statutes for the purpose of forming a Limited Liability Company under the laws of the State of Florida do hereby set forth the following:

1. **NAME**

The name of the Limited Liability Company is:

La Piazza II, LLC

2. **PERIOD OF DURATION**

This limited liability shall have perpetual existence.

3. **PURPOSE**

The Limited Liability Company shall have all of the powers vested in limited liability companies organized and existing by virtue of the laws of the State of Florida.

4. **ADDRESS OF PLACE OF BUSINESS AND MAILING ADDRESS**

The address of the place of business and mailing address in Florida for the Limited Liability Company is 3107 Stirling Road, Suite 204, Fort Lauderdale, Florida 33312.

5. **REGISTERED AGENT**

The name and address of the initial Registered Agent in Florida for the Limited Liability Company is **STEVEN B. BERMAN**, 3107 Stirling Road, Suite 204, Fort Lauderdale, Florida 33312.

6. **MEMBERS**

The names, addresses and ownership of the members of the Limited Liability Company are as follows:

<u>Name:</u>	<u>Address:</u>	<u>Percentage:</u>
Steven B. Berman	3107 Stirling Road, Suite 204 Ft. Lauderdale, FL 33312	70%
Harold A. Cohen and Gail D. Cohen, as Co-Trustees of the Dr. Harold A. Cohen Revocable Trust, dated April 27, 1989	5220 N. 35 th Street Hollywood, FL 33021	30%

7. **CONTINUITY OF BUSINESS**

The members remaining after the death, retirement, resignation, expulsion, bankruptcy or dissolution of a member, or after any other event which terminates the membership of a member, have the right to continue the business of this Limited Liability Company subject to the approval by unanimous vote of the remaining members.

8. MANAGEMENT

The Limited Liability Company is to be managed by a manager, and the name and address of the manager is as follows:

Steven B. Berman
3107 Stirling Road, Suite 204
Fort Lauderdale, Florida 33312

9. AMENDMENT

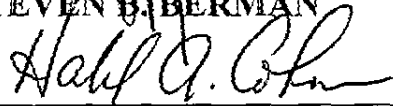
This Limited Liability Company reserves the right to amend, alter or repeal any provision contained in these Articles of Organization by a majority vote of the members, each member having one vote for each percentage point (or the appropriate fraction thereof) of "Percentage Ownership" in the Limited Liability Company.

Executed this 21st day of October, 2003.



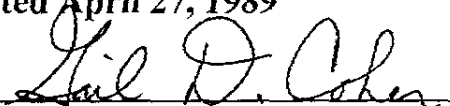
STEVEN B. BERMAN

(SEAL)



HAROLD A. COHEN, *as Co-Trustees of
the Dr. Harold A. Cohen Revocable Trust
dated April 27, 1989

(SEAL)



GAIL D. COHEN, *as Co-Trustees of the
Dr. Harold A. Cohen Revocable Trust
dated April 27, 1989

(SEAL)

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 21st day of October, 2003, by **STEVEN B. BERMAN**, a member of **La Piazza II, LLC**, a Florida Limited Liability Company to be formed, who are personally known to me or if not, produced _____ as identification.

Minerva Pina

Notary Public

My Commission Expires:



Minerva Pina
My Commission **DD223731**
Expires June 17 2007

**STATE OF FLORIDA
COUNTY OF BROWARD**

The foregoing instrument was acknowledged before me this 28 day of October, 2003, by **HAROLD A. COHEN and GAIL D. COHEN, as Co-Trustees of The Dr. Harold A. Cohen Revocable Trust dated April 27, 1989**, a member of **La Piazza II, LLC**, a Florida Limited Liability Company to be formed, who are personally known to me, or if not, produced _____ as identification.

Minerva Pina

Notary Public

My Commission Expires:



Minerva Pina
My Commission DD223731
Expires June 17 2007