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## TRANSMITTAL LETTER

SUBJECT: LOHEN CAPITAL & CONSULTING LL	<u>_</u>
(Name of Limited Liability Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.	
Please return all correspondence concerning this matter to the following:	
YMAN (Hy) COHEN (Name of Person)	
SAME AS Above  (Firm/Company)	
7636 Bella Verde WAY	
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For further information concerning this matter, please call:

Hy COHEN at (S61) 638-4414

(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:

'TO:

Registration Section

Division of Corporations

Registration Section Division of Corporations 409 E. Gaines Street Tallahassee, Florida 32399 MAILING ADDRESS:

Registration Section Division of Corporations P.O. Box 6327 Tallahassee, Florida 32314



#### FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

April 8, 2004

HYMAN (HY) COHEN 7636 BELLA VERDE WAY DELRAY BEACH, FL 33446

SUBJECT: COHEN CAPITAL & CONSULTING LLC

Ref. Number: W04000013746

We have received your document for COHEN CAPITAL & CONSULTING LLC and your check(s) totaling \$135.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The designation of the registered office and the registered agent, both at the same Florida street address, must be contained within the document pursuant to Florida Statutes. The registered agent must sign accepting the designation as required by Florida Statutes.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6025.

Trevor Brumbley Document Specialist

Letter Number: 504A00023035

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COHEN CAPITAL &	CONSULTING ZZZ
ARTICLE II - Address:	
The mailing address and street address of the principal of	office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
7636 Bella Verde WAY DELRAY Beach, FL 33446	C/04m 8
DeLRAY Reach, FL 33446	
ARTICLE III - Registered Agent, Registered Office,	& Registered Agent's Signature:
The name and the Florida street address of the registered	l agent are:
Hyman Ce	PHEN
7636 Bella V	endo WAY
Florida street address (P.O. Box NO	
DeckAy Beach	33446

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

City, State, and Zip

(CONTINUED)

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

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

Title:	Name and Address:
"MGR" = Manager "MGRM" = Managing Member	
President + CEO	Hy COHEN  7636 Bella Veide WAY  DELRAY BEACH, FX 33446
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(Use attachment if necessary)	

NOTE: An additional article must be added if an effective date is requested.

REQUIRED SIGNATURE:

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

yped of printed name of sign

#### 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)