

05/20/20

10:54

CORS

2050

NO 38

DE

L04000038361

Florida Department of State  
Division of Corporations  
Public Access System

Electronic Filing Cover Sheet

**Note:** Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H04000110014 3)))

**Note:** DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations  
Fax Number : (850) 205-0383

From:

Account Name : CORPORATE & CRIMINAL RESEARCH SERVICES  
Account Number : 110450000714  
Phone : (850) 222-1173  
Fax Number : (850) 224-1640

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

04 MAY 20 AM 8:24

FILED

0589.26399

LIMITED LIABILITY COMPANY

JCNY LLC

RECEIVED

04 MAY 20 AM 7:22

DIVISION OF CORPORATION

Certificate of Status	0
Certified Copy	1
Page Count	02
Estimated Charge	\$155.00

Electronic Filing Menu

Corporate Filing

Public Access Help

H04000110014

**ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

JCNY LLC**ARTICLE II - Address:**

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

Principal Office Address:Mailing Address:C/O HKC SECURITIESC/O HKC SECURITIES230 PARK AVENUE230 PARK AVENUENEW YORK, NEW YORK 10169NEW YORK, NEW YORK 10169**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

HAROLD K. COHEN

Name

297 TRADEWIND DRIVEFlorida street address (P.O. Box NOT acceptable)PALM BEACHFLORIDA 33480

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, Florida Statutes.*



Registered Agent's Signature

H04000110014

**FILED**

MAY 20 AM 8:29

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

HO4000110014

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

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

**Title:**

"MGR" = Manager

"MGRM" = Managing Member

**Name and Address:**MGRMHAROLD K. COHENC/O HRC SECURITIES230 PARK AVENUENEW YORK, NEW YORK 10169

(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.)

HAROLD K. COHEN

Typed or printed name of signer

**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)

HO4000110014

FILED  
04 MAY 20 AM 8:24  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA