

L04000081478

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

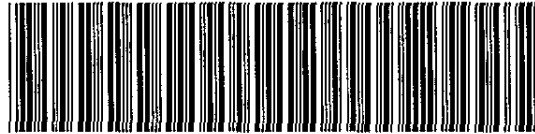
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04 NOV 10 PM 4:06



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 965218 4306141

AUTHORIZATION :

Patricia Pignato

COST LIMIT : \$ 125.00

FILED
04 NOV 10 AM 7:25
TALLAHASSEE, FLORIDA

ORDER DATE : November 10, 2004

ORDER TIME : 3:33 PM

ORDER NO. : 965218-005

CUSTOMER NO: 4306141

CUSTOMER: Michele Phillips, Legal Asst
Danziger & Markhoff LLP

9th Floor
123 Main St.
White Plains, NY 10601-3106

DOMESTIC FILING

NAME: COOPERMAN WEISS CONSULTING LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Susie Knight - EXT. 2956

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cooperman Weiss Consulting LLC

ARTICLE II - Address:

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

Principal Office Address:

9 Island Avenue

Miami Beach, Florida 33139

Mailing Address:

9 Island Avenue

Miami Beach, Florida 33139

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

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

Samuel Cooperman

Name

9 Island Avenue

Florida street address (P.O. Box NOT acceptable)

Miami Beach

FL

33139

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, F.S..

Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

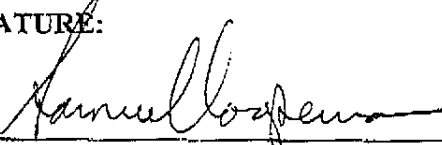
Name and Address:

<u>MGRM</u>	<u>Samuel Cooperman</u>
	<u>9 Island Avenue</u>
	<u>Miami Beach, Florida 33139</u>
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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.)

Samuel Cooperman, Managing Member
 Typed or printed name of signee

Filing Fees:

- \$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent
- \$ 30.00 Certified Copy (Optional)
- \$ 5.00 Certificate of Status (Optional)