

L 050000007545

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

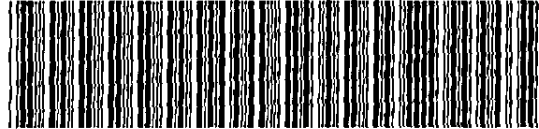
(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

BK

Office Use Only



400044960104

00531-4 500-41010-4025 4-155.00  
25206-401014-005 4-155.00

STATE  
TALLAHASSEE, FLORIDA

05 JAN 25 AM 10:36

FILED

STATE  
TALLAHASSEE, FLORIDA

05 JAN 25 AM 10:18

FILED

Charter Number Only

1-18-05

Jessy

Jeffrey Roy Cohen

Requestor's Name

297 Sunny Isles Blvd.

Address

N. Miami Beach, FL 33160

City

State

ZIP

Phone

(305) 940-1985

VALIDATION ONLY

FBI  
05 JAN 25 AM 10:36  
SEVENTH JUDGE  
TALLAHASSEE, FLORIDA

CORPORATION(S) NAME

Trans-Global Ventures, LLC

☐ Profit

☐ NonProfit

☐ Amendment

☐ Merger

☐ Foreign

☐ Dissolution

☐ Mark

☐ Limited Partnership

☐ Annual Report

☒ Other LLC

☐ Reinstatement

☐ Reservation

☐ Change of Registered Agent

☒ Certified Copy

☐ Photo Copies

☐ Certificate Under Seal

☐ Call When Ready

☐ Call If Problem

☐ After 4:30

☒ Walk In

☐ Will Wait

☒ Pick Up

☐ Mail Out



Empire Toll Free: 1-800-432-3028

Name
Availability
Document
Examiner
Updater
Verifier
Acknowledgment
W.P. Verifier

**ARTICLES OF ORGANIZATION  
OF  
TRANS-GLOBAL VENTURES, LLC**

**FILED**  
05 JAN 25 AM 10:36  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned, for the purpose of forming a limited liability company under the Florida Limited Liability Company Act, F.S. Chapter 608, hereby make, acknowledge, and file the following Articles of Organization.

**ARTICLE I – NAME**

The name of the limited liability company shall be TRANS-GLOBAL VENTURES, LLC ("Company").

**ARTICLE II – ADDRESS**

The mailing address and street address of the principal office of the company shall be 3230 Stirling Road, Hollywood, Florida 33021.

**ARTICLE III – DURATION**

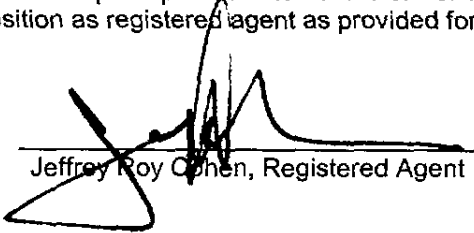
The company shall commence its existence on the date these articles of organization are filed by the Florida Department of State. The company's existence shall be perpetual, unless the company is earlier dissolved as provided in these articles of organization.

**ARTICLE IV - REGISTERED AGENT, REGISTERED OFFICE  
& REGISTERED AGENT'S SIGNATURE**

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

Jeffrey Roy Cohen, Esq.  
297 Sunny Isles Boulevard  
Sunny Isles Beach, Florida 33160

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 his or her duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in Chapter 608, F.S.

  
Jeffrey Roy Cohen, Registered Agent

#### ARTICLE IV - MANAGEMENT

The company shall be managed by the managing member in accordance with regulations adopted by the members for the management of the business and affairs of the company. These regulations may contain any provisions for the regulation and management of the affairs of the company not inconsistent with law or these articles of organization. The names and address of the members of the company are

NAME

ADDRESS

Myles H. Malman


3230 Stirling Road  
Hollywood, FL 33021

Robert G. Stahl

220 St. Paul Avenue  
Westfield, NJ 07090

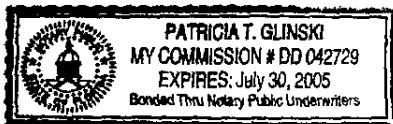
In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.

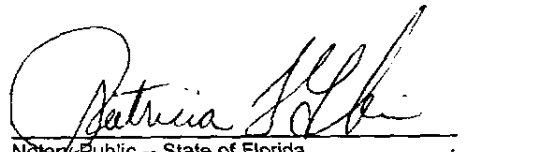
Signed on this 12 day of January 2005  
~~December, 2004~~.

  
MYLES H. MALMAN

STATE OF FLORIDA  
COUNTY OF MIAMI-DADE

Sworn to (or affirmed) and subscribed before me this 12 day of January 2005  
~~December, 2004~~, by MYLES H. MALMAN.



  
Notary Public -- State of Florida  
PATRICIA T. GLINSKI

Print, Type, or Stamp Commissioned Name of Notary Public

Personally Known ☒

OR

Produced Identification ☐ Type of Identification Produced \_\_\_\_\_