

L05000009182

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

(Business Entity Name)

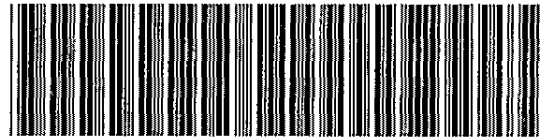
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05 JAN 28 PM 4:00

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TALLAHASSEE, FLORIDA

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05 JAN 28 PM 2:44

SECRETARY OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 172199 80457A

AUTHORIZATION :

Patricia Pizito

COST LIMIT : \$ 125.00

FILED
05 JAN 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ORDER DATE : January 28, 2005

ORDER TIME : 12:42 PM

ORDER NO. : 172199-005

CUSTOMER NO: 80457A

CUSTOMER: Cathy Hames
Black, Sims, Burnett And
Birch, L.l.p.
3rd Floor
501 North Grandview Avenue
Daytona Beach, FL 32118

DOMESTIC FILING

NAME: GAIL S. COHEN, 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: Darlene Ward - EXT. 2935

EXAMINER'S INITIALS: _____

FILED
05 JAN 28 PM 4:00
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

GAIL S. COHEN, LLC**ARTICLE II - Address:**

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

Principal Office Address:Unit 12B2
1239 Oceanshore Blvd.
Ormond Beach, FL 32176**Mailing Address:**Unit 12B2
1239 Oceanshore Blvd.
Ormond Beach, FL 32176**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

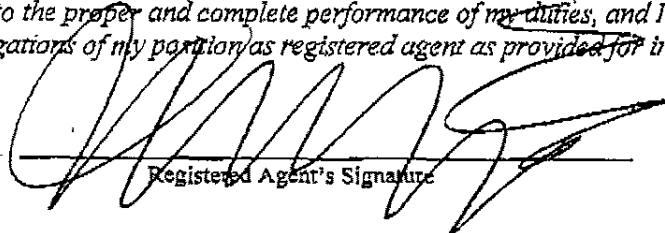
RANDOM R. BURNETT

Name

501 N. Grandview Avenue, 3rd Floor EastFlorida street address (P.O. Box **NOT** acceptable)Daytona Beach FL 32118

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:

MGRM _____

Gail S. Cohen as Trustee of the Gail S. Cohen
 Revocable Trust of Nov. 25, 1997, as amended
 1239 Oceanshore Blvd., Unit 12B2,

Ormond Beach, FL 32176

(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.)

GAIL S. COHEN, TRUSTEE

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)