L05000015502

(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:
A K

Office Use Only



400046334064

OSFEB IS MILLS COF

Charter Number Only

* *	
2/11/05	<u> Marissa</u>
Helnick, Li	lienfeld & Assoc.
Requestor's Name 2070 NE 3	215th Street
Miami FL	_ 33180 ZIP Phone
1305) 937 16	24 0

OS FEB 15 MILL 19

CORPORATION(S) NAME

Cork	ins Rese	arch LLC
) Profit) NonProfit	() Amendment	{ } Merger
) Foreign	() Dissolution	() Mark
) Limited Partnership) Reinstatement	() Annual Report () Reservation	Other (Change of Registered Agent
) Certified Copy	() Photo Copies	() Certificate Under Seal
Call When Resdy	() Call If Problem	() After 4:30 ck Up () Mail Out

	Name
	Availability
	Dacument
	Examiner
	Updater
	Verifier
_	Acknowledgment
	W.P Verifier

CR2E031 (R8-85)

WE TIM DIF C Toll Free: 1-800-432-3028

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company	is:
Corkins Research	, LLC
ARTICLE II - Address: The mailing address and street address of the	principal office of the Limited Liability Company is:
Principal Office Address:	Melling Address:
Suite #1 Lake worth, EL 33461	Suite #1 JOIS S. Congress Avenue Suite #1 JOIN WOOM, R. 53461 Fred Office, & Registered Agent's Signature:
ARTICLE III - Registered Agent, Register	red Office, & Registered Agent's Signature:
The name and the Florida street address of the	e registered agent are:
<u> </u>	Corkins PSTATE O
3015 S. Cong Florida strod	CESS AVENUE 41 address (P.O. Box MOI acceptable)
Lake word	4. FL 33461 e, and Zip
City, Succ	-, we cap

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 camply 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

4GRM" = M ø	ger taging Member	Name and Address:
1 GIRH		Glenn Corkins Bois S. Congress Avenue Lake WOHE FC 33+61
		
	_	
se attachment	if necessary)	
		e added if an effective date is requested.
QUIRED SI	V Glen	_ Corkins
	(In accordance with section	or an anthorized representative of a member. on 608.408(3), Florida Statutes, the execution tes an affirmation under the penalties of perjury oin are true,)
	Colenn	Cockins d or printed same of signee
	·	
Filler Fees		

83.46 To Empire Page 2 of 2