

L05000058195

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

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WAIT

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MAIL

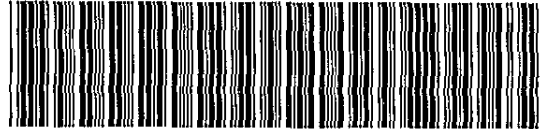
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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Office Use Only



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06/06/05--60061--008 **84.50

06/10/05--01004--003 **72.50

05 JUN - 8 PM '05
SECRETARY OF STATE
DIVISION OF CORPORATIONS

Rec'd.
Filing
Unit

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Emperia L.L.C.
(Name of Limited Liability Company)

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Gad Cohen
(Name of Person)

Emperia L.L.C.
(Firm/Company)

9350 Fox Trot Lane
(Address)

Boca Raton, FL 33496
(City/State and Zip Code)

For further information concerning this matter, please call:

Gad Cohen at (561) 239-5937
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- | | | | |
|--|--|--|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee & Certified Copy
(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy
(additional copy is enclosed) |
|--|--|--|--|

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

6.7.05

Dear Brenda Tadlock,

Per our conversation today,
I am forwarding you the proper
forms with the articile of the corp.
that need to be changed from (Emperia Inc
to Emperia L.L.C., Enclosed check of
72.50 to satisfy the difference.
Appreciate all your help.

Thanks,

Ed Cohen

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Emperia L.L.C.

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

9350 Fox Trot Lane
Boca Raton, FL 33496

C. SAME

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

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

Gad Cohen

Name

9350 Fox Trot Lane

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

Boca Raton FL 33496

City, State, and Zip

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
05 JUN - 8 PM 3:00

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.

Gadi Cohen

Registered Agent's Signature

(CONTINUED)

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:

MGR

Gad Cohen
9350 Fox Trot Lane
Boca Raton, FL 33496

MGRM

Esther Cohen
9350 Fox Trot Lane
Boca Raton, FL 33496

(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.)

Gad Cohen

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)