## LU5000107322

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## FLORIDA DEPARTMENT OF STATE Glenda E. Hood Secretary of State

November 3, 2005

**LAZARUS** 

TALLAHASSEE, FL

SUBJECT: COCO PLUM UNITS, LLC

Ref. Number: W05000049629

Story 3 milo: 13

We have received your document for COCO PLUM UNITS, LLC and your check(s) totaling \$155.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Please note that we have RETAINED your \$155.00 payment.

An LLC can have ONLY ONE registered agent. Please designate only one person as your R.A.

And the R.A. can have only ONE STREET ADDRESS.

Please correct your documents.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6914.

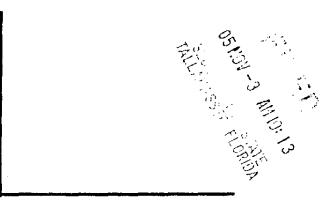
Buck Kohr Document Specialist

Letter Number: 305A00066008

## LAZARUS CORPORATE FILING SERVICE

3320 SW 87TH AVENUE

MIAMI, FL 33165 (305) 552-5973



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CORPORATION NAME(S) & DOCUM	MENT NUMBER(S), (if known):
1. COCO PLUM UN (Corporation Name)	its, LLC.
(Corporation Name)	(Document #)
2	
(Corporation Name)	(Document #)
3	
(Corporation Name)	(Document #)
4	
(Corporation Name)	(Document #)
Walk in Pick up time	S.50 Certified Copy
Mail out Will wait	Photocopy
NEW FILINGS	<u>AMENDMENTS</u>
Profit Not for Profit Limited Liability Domestication Other	Amendment Resignation of R.A., Officer/Director Change of Registered Agent Dissolution/Withdrawal Merger
OTHER FILINGS	REGISTRATION/QUALIFICATION
Annual Report Fictitious Name	Foreign Limited Partnership Reinstatement Trademark Other

Examiner's Initials

## ARTICLES OF ORGANITAZION FOR FLORIDA LIMITED LIABILITY COMPANY **ARTICLE I – Name:** The name of the Liability Company is: COCO PLUM UNITS, LLC. ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liabilities Company is: 18085 SOUTH DIXIE HIGHWAY MIAMI, FL 33157 ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature: The name and the Florida street address of the registered agent are: LUIS M. RUBALCABAL SHON-3 MIDE TO 3450 NW 3 AVE Florida street address (P.O. Box NOT acceptable MIAMI, FLORIDA 33127-3406 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 designed 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 familiar with and accept the obligations of my positions as registered agent as provided for ub Chapter 608, F.S.

ARTICLE IV - Management ( Check box if applicable.)

The Limited Liabilities Company id to be managed by one manager of more managers and is, therefore, a manager - managed company.

LUIS M. RUBALCABAL SILVIA M. RUBALCABAL 18085 SOUTH DIXIE HIGHWAY MIAMI, FL 33157

(An additional article must be added if an affected date is required)

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 and affirmation under the ponalties of perjury that the facts stated herein are true.)

LUIS M. RUBALCABAL

SILVIA M. RUBALCABAL

AllRAG