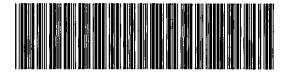
# 106000003999

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #)
PICK-UP	☐ WAIT	MAIL
(Bu	siness Entity Nan	ne)
(Do	ocument Number)	****
Certified Copies	_ Certificates	s of Status
Special Instructions to	Filing Officer:	

Office Use Only



900078587819

08/14/06--01023--025 \*\*160.00

06 AUG | 4 AM 8: 27 SECRETARY OF STATE TALLAHASSEE FLORIDA



# **COVER LETTER**

		stration Sec sion of Coη		าร							
SUBJEC	ст•	Courch	iene	Sr.	and	Jr.,	, LL	C			
CODUDO	··· .			(N	ame of	Limited	Liab	ility Con	npany)		
		Articles of	-		•				-		
		Mitche	ell 8	3. Fi	iers	t, Es	sq.				
				=				of Person)	]		
		Rodrig	juez	O'Do	onne	11 R	oss	Fuer	st, E	e.c.	
-	(Firm/Company)										
	1001 Brickell Bay Drive, Suite 2002										
-							(Ac	ldress)			
		Miami	, FL	orida	a 33	131					
-						(City	/State	and Zip C	ode)		
For furt	ther in	nformation	concert	ning this	s matter	, please	call:				
Mito	che.	ll S. 1			Esq.		at (_	305	:	350-5	691 Elephone Number)
		(Name	of Pers	on)				(Area (	Code & D	aytime To	elephone Number)
Enclos	sed is	a check fo	or the f	ollowii	ng amo	unt:					•
\$125	5.00 I	Filing Fee		130.00 ificate			Ce	\$155.00 crtified C	Сору		X \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
								~			

Mailing Address
Registration Section
Division of Corporations P.O. Box 6327 Tallahassee, FL 32314

Street/Courier Address
Registration Section
Division of Corporations
Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

(EEEEE) 1 "CONTRACTOR

### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

A	RT	$\Gamma \cap \Gamma$	F	Ĭ_	Nor	na.
/\	KI	1 L . I	, P.		TY AL	ne:

The name of the Limited Liability Company is:

Courchene Sr. and Jr., LLC

(Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "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:**

601 N. Congress Avenue	601 N. Congress Avenue
Suite 431	Suite 431
Delray Beach, FL 33445	Delray Beach, FL 33445

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Mitchell S.	Fuerst	, Esq	•	
	Name			· ·
1001 Brickell Bay Drive, Suite 2002				
Florida street address (P.O. Box NOT acceptable)				
Miami, FL 33131				
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..

(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:	Name and Address:
"MGR" = Manager	<del></del>
"MGRM" = Managing Member	
MGRM	Gilles Courchene, Sr.
	601 N. Congress Ave, Suite 431
	Delray Beach, FL 33445
MGRM	Gilles Courchene, Jr.
	601 N. Congress Ave, Suite 431
	Delray Beach, Fl 33445
	<del></del>

(Use attachment if necessary)

**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.)

Gilles Courchene, Sr.

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)

O6 AUG 14 AH 8: 27
SECRETARY OF STATE
TAIL AHASSEE FLORIDA