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SECRETARY OF STATE DIVISION OF CORPORATIONS

J. BRYAN AUG 2 4 2006

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Cohens Masonry, LLC (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:	
Gregory L. Cohens (Name of Person)	9
Cohens Masonry, LL	OF AUG 23
4505 Cobalt Stree	十 黑部
Palatka, FL 3211 (City/State and Zip Code)	7
(City/State and Zip Code)	
For further information concerning this matter, please call:	
Gregory Cohens at 386	538-0540 Daytime Telephone Number)
(Area Code &	Daytime Telephone Number)
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\sum \$130.00 Filing Fee & \$\sum \$155.00 Filing Certificate of Status Certified Copy (additional copy is en	Certificate of Status &
Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 Mailing Address Registration S Registration S Division of C Clifton Build Tallahassee, FL 32314	Section Corporations ding ive Center Circle

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMP **ARTICLE I - Name:** The name of the Limited Liability Company is: **ARTICLE II - Address:** The mailing address and street address of the principal office of the Limited Liability Company is: **Principal Office Address: Mailing Address:** 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: Conatt Street Florida street address (P.O. Box NOT acceptable)

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..

Having been named as registered agent and to accept service of process for the above stated limited

Registered Agent's Signature (REQUIRED)

(CONTINUED)
Page 1 of 2

<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:
MGR	Gregoryl. Cohens 4505 Congit St Paigt Ka, FL 32177
	06 AUG 23 PH
(Use attachment if necessary) (CLE V: Effective date, if other than the effective date is listed, the date must be 90 days after the date of filing.)	date of filing: 9/1/06. (OPTIONA e specific and cannot be more than five business day
o and a most one and or a mange,	
REQUIRED SIGNATURE:	
REQUIRED SIGNATURE:	or an authorized representative of a member.
REQUIRED SIGNATURE: Signature of a member (In accordance with sec	ction 608.408(3), Florida Statutes, the execution itutes an affirmation under the penalties of perjury

ARTICLE IV- Manager(s) or Managing Member(s):

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)