

LD60000117720

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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SECRETARY OF STATE
DIVISION OF CORPORATIONS
06 DEC -8 PM 4:15

LAW OFFICES OF WILLIAM W. SYDNOR

Member Florida State Bar

*696 Remington Oak Drive
Lake Mary, Florida 32746
(407) 321-1694*

December 5, 2006

Registration Section
Division of Corporations
PO Box 6327
Tallahassee FL 32314

Re: *Cohn's Residential Construction LLC*

Dear Sirs:

Enclosed please find the Articles of Organization (and one true copy) and the \$130.00 filing fee for the above referenced Limited Liability Company. If all is in order, please forward to our attention the Certificate of Status as soon as possible. Thank you for your attention to this matter and please do not hesitate to contact us should you need anything further.

Sincerely,


William W. Sydnor, Esq.

Cc. Michael & Yvette Cohn

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cohn's Residential Construction 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:

4195 Marsh Road

DeLand FL 32724

Mailing Address:

same

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:

Michael D. Cohn

Name

4195 Marsh Road

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

DeLand FL 32724

FL

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..



Registered Agent's Signature (REQUIRED)

(CONTINUED)

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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:

MGRM

Michael D. Cohen

4195 Marsh Road

DeLand FL 32724

MGRM

Yvette Cohn

4195 Marsh Road

DeLand FL 32724

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)
(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Michael D. Cohn

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)