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SECRETARY OF STATE
TALLAHASSEE FLORIDA

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: Covet Video Company, 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:

Amy K. Loegering
(Name of Person)

Mansfield, Tanick & Cohen, P.A.
(Firm/Company)

220 South Sixth Street, Suite 1700
(Address)

Minneapolis, MN 55402
(City/State and Zip Code)

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TALLAHASSEE, FLORIDA

For further information concerning this matter, please call:

Amy K. Loegering at (612) 339-4295
(Name of Person) (Area Code & Daytime Telephone Number)

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee ☒ \$130.00 Filing Fee & Certificate of Status ☐ \$155.00 Filing Fee & Certified Copy (additional copy is enclosed) ☐ \$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

ARTICLES OF ORGANIZATION
OF
COVET VIDEO COMPANY, LLC
A Florida limited liability company

ARTICLE I

The name of the limited liability company is Covet Video Company, LLC.

ARTICLE II

The street address of the principal office of the limited liability company is:

1350 NE 27th Terrace, Pompano Beach, FL 33062

The mailing address of the principal office of the limited liability company is the same as the street address.

ARTICLE III

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

Carol Zimney, Registered Agent
1350 NE 27th Terrace
Pompano Beach, FL 33062

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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)


ARTICLE IV

The name and address of each Manager or Managing Member is as follows:

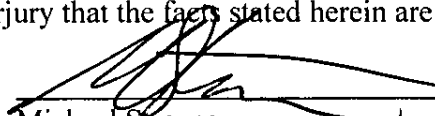
Title:
Chief Manager

Name and Address:
Michael Strouse
424 Hendricks Isle, #1
Fort Lauderdale, FL 33301

Dated: 4-26, 2007


Michael Strouse

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 Strouse

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