

L07000121716

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP ☐ WAIT ☐ MAIL

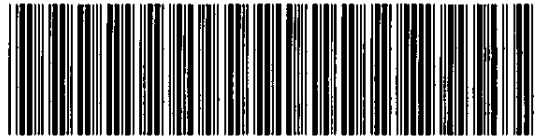
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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07 DEC - 6 AM 10:29  
SECRETARY OF STATE  
TALLAHASSEE FLORIDA

DEC - 7 2007

**GERALD E. COWEN**

ATTORNEY AT LAW

2432 HOLLYWOOD BOULEVARD

HOLLYWOOD, FLORIDA 33020

(954) 921-5110

FAX (954) 921-1713

December 5, 2007

Secretary of State  
Registration Section  
Division of Corporations  
409 E. Gains Street  
Tallahassee, FL 32399

Re: **Phylmart Enterprises, LLC**

Gentlemen:

Enclosed herewith please find an original and one (1) copy of the Articles of Organization for the above limited liability company. Also, please find enclosed my trust account check for \$130.00; representing payment of the following: \$100.00-filing fee; \$25.00-designation of Registered Agent, and \$5.00-Certificate of Status form, for a total of \$130.00.

Upon filing the company, please forward the clocked in copy of the filed Articles and Certificate of Status to my offices.

Your prompt attention to the foregoing is appreciated.

Very truly yours,



GERALD E. COWEN, ESQ.

GEC/kh

Enclosures-check

SentVia UPS Overnight

**ARTICLES OF ORGANIZATION  
FOR  
PHYLMART ENTERPRISES, LLC**

**FILED**

**07 DEC -6 AM 10:29**

**SECRETARY OF STATE  
TALLAHASSEE FLORIDA**

**ARTICLE I - Name**

The name of the Limited Liability Company is:

**PHYLMART ENTERPRISES, LLC**

**ARTICLE II - Address**

The mailing address and street address of the principal office of the Limited Liability Company is:

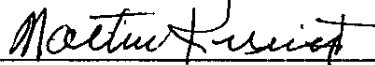
**7506 Granville Drive  
Tamarac, FL 33321**

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

The name and the Florida street address of the Registered Agent are:

**Martin Kusnitz  
7506 Granville Drive  
Tamarac, FL 33321**

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.



**MARTIN KUSNITZ**

Registered Agent's Signature

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

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

**Title:**

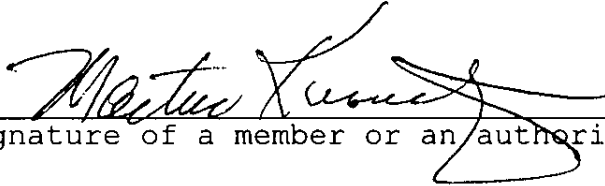
**"MGR" = Manager**

**Name and Address:**

"MGRM" = Managing Member

MGRM

MARTIN KUSNITZ  
7506 Granville Drive  
Tamarac, FL 33321



\_\_\_\_\_  
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)

\_\_\_\_\_  
MARTIN KUSNITZ  
Typed or printed name of signee

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