

# L080000615326

Florida Department of State  
Division of Corporations  
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To: Division of Corporations  
Fax Number : (850) 617-6383

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Account Name : EMPIRE CORPORATE KIT COMPANY  
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Phone : (305) 634-3694  
Fax Number : (305) 633-9696

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## FLORIDA/FOREIGN LIMITED LIABILITY CO.

coco smile, llc

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**ARTICLES OF ORGANIZATION FOR COCO SMILE, LLC**

**ARTICLE I - Name:**

The name of the Limited Liability Company is: **Coco Smile, LLC**

**ARTICLE II - Address:**

The mailing address and street address of the principal office of the Limited Liability Company is: c/o Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

**ARTICLE III -**

**Registered Agent, Registered Office, & Registered Agent's Signature:**

The name and the Florida street address of the registered agent are: Samuel Spencer Blum, Esquire, 2666 Tigertail Avenue, Suite 106, Coconut Grove, Florida 33133.

*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, Florida Statutes.*



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:**

**Name and Address:**

Manager

David Wollach  
c/o Samuel Spencer Blum, Esquire

**Samuel Spencer Blum** H08000036970

ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-3314  
E-MAIL: sam@samblum.com


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2666 Tigertail Avenue  
Suite 106  
Coconut Grove, Florida 33133

Manager

Joel K. Slater  
243 West Sabal Palm Place  
Longwood, Florida 32779

  
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.)

JOEL K. SLATER  
Typed or printed name of signee

FILING FEES:  
\$ 100.00 Filing Fee for Articles of Organization  
\$ 25.00 Designation of Registered Agent  
\$ 30.00 Certified Copy (OPTIONAL)  
\$ 5.00 Certificate of Status (OPTIONAL)

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Samuel Spencer Blum  
ATTORNEY AT LAW

2666 TIGERTAIL AVENUE, SUITE 106 COCONUT GROVE, FLORIDA 33133 TELEPHONE: (305) 854-1885 TELEFAX: (305) 854-2314  
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