

L08000022683

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐

PICK-UP

☐

WAIT

☐

MAIL

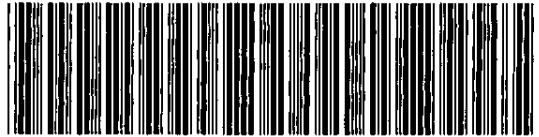
(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400118733264

03/03/08--01048--020 \*\*160.00

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 3 PM 4:07

J. BRYAN

MAR - 4 2008

EXAMINER

ANDREW J. KOHAN, P.A.  
ATTORNEY AT LAW

5140 COCONUT CREEK PARKWAY  
MARGATE, FLORIDA 33063

(954) 978-2488  
FAX (954) 974-7454

February 29, 2008

Registration Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Re: Candyland Griffin, L.L.C.

Gentlemen:

Enclosed please find Articles of Organization For Florida Limited Liability Company for Candyland Griffin, L.L.C. along with my check in the amount of \$160.00. I am also enclosing an Application For Registration of Fictitious Name and a check in the amount of \$90.00.

Please file the corporation and register the fictitious name and return a certified copy to me in the self-addressed, stamped envelope.

Yours truly,



ANDREW J. KOHAN

enclosure  
candylan.ltr

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR -3 PM 4:07

## COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: CANDYLAND GRIFFIN, L.L.C.  
(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:

Andrew Kohan, Esq.

(Name of Person)

Andrew Kohan, P.A.

(Firm/Company)

5140 Coconut Creek Parkway

(Address)

Margate, FL 33063

(City/State and Zip Code)

For further information concerning this matter, please call:

Andrew Kohan

(Name of Person)

at ( 954 ) 978-2488

(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

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR -3 PM 4:07

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

### ARTICLE I - Name:

The name of the Limited Liability Company is:

CANDYLAND GRIFFIN, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

### ARTICLE II - Address:

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

#### Principal Office Address:

9128 Griffin Road  
Cooper City, FL 33328

#### Mailing Address:

9128 Griffin Road  
Cooper City, FL 33328

### 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:

Syed K. Hussain

Name

9128 Griffin Road

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

Cooper City FL 33328

City, State, and Zip

FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR - 3 PM 4:07

*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)

Page 1 of 2

**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

Syed K. Hussain  
9128 Griffin Road  
Cooper City, FL 33328

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_

\_\_\_\_\_


FILED  
SECRETARY OF STATE  
DIVISION OF CORPORATIONS  
08 MAR -3 PM 4:07

(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.)

Sayed K. Hussain

\_\_\_\_\_  
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)