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TALLAHASSEE, FLORIDA

T. CLINE

APR - 4 2008

EXAMINER

W08-15911



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 27, 2008

ROBERT KOPPEN
900 W. LINTON BLVD., SUITE 202
DELRAY BEACH, FL 33444

SUBJECT: COCHRAN MIAMI SHORES, LLC
Ref. Number: W08000015911

We have received your document for COCHRAN MIAMI SHORES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on March 26, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6020.

Tammi Cline
Regulatory Specialist II

Letter Number: 808A0001827

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COCHRAN MIAMI SHORES, 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:

ROBERT A. KOPPEN, ESQ.
(Name of Person)

KOPPEN, WATKINS, PARTNERS, & ASSOCIATES, P.A.
(Firm/Company)

900 W. LINTON BLVD., SUITE 202
(Address)

DELRAY BEACH, FLORIDA 33444
(City/State and Zip Code)

For further information concerning this matter, please call:

ROBERT A. KOPPEN, ESQ. at (561) 279-9872
(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

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TALLAHASSEE, FLORIDA

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KOPPEN, WATKINS, PARTNERS & ASSOCIATES

A PROFESSIONAL ASSOCIATION

900 W. LINTON BLVD., SUITE 202
DELRAY BEACH, FLORIDA 33444

PHONE: 561-279-9872

FAX: 561-279-9873

R. DANIEL KOPPEN

ATTORNEY AT LAW

April 3, 2008

Florida Department of State
Division of Corporations
Attn: Tammi Cline
Regulatory Specialist II
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

RE: COCHRAN MIAMI SHORES, LLC
Ref. Number: W08000015911

Dear Ms. Cline:

Enclosed find a copy of your correspondence dated March 27, 2008, along with the original Articles of Organization. The Articles of Organization are now in compliance with F.S. § 608.409 (l); thus, this request that you proceed with the filing process.

Very truly yours,
KOPPEN, WATKINS, PARTNERS & ASSOCIATES
A Professional Association


R. DANIEL KOPPEN
RDK:jmm
Encl

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I – Name:

The name of the Limited Liability Company is: COCHRAN MIAMI SHORES, LLC

ARTICLE II – Address:

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

Principal Office Address:

1800 Eller Drive, Suite 212
Ft. Lauderdale, FL 33316

Mailing Address:

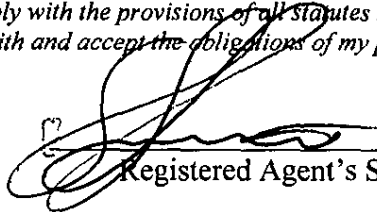
1800 Eller Drive, Suite 212
Ft. Lauderdale, FL 33316

ARTICLE III – Registered Office, & Registered Agent's Signature:

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

THE FITZGERALD GROUP, INC.
1800 Eller Drive
Suite 212
Ft. Lauderdale, FL 33316

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

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

MGRM

Name and Address:

JOHN B. COCHRAN
Fairfax Cottage
4.3 Lookout Point Road
Hulls Cove, ME 04644

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TALLAHASSEE, FLORIDA

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MGRM

SHELIA S. COCHRAN, Trustee under
CARLYLE V.D. COCHRAN Living Trust,
dated 12-19-95
8205 Kerry Road
Chevy Chase, MD 20815

ARTICLE V – Effective Date:

The effective date of this LLC will be ~~January 1, 2008~~ ^{April 3, 2008}

REQUIRED SIGNATURE:

John B. Cochran
JOHN B. COCHRAN

Sheila S. Cochran, Trustee
SHEILA S. COCHRAN Trustee under CARLYLE V.D. COCHRAN
LIVING TRUST, dated 12-19-95

(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.)

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