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Office Use Only



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SECRETARY OF STATE
TALLAHASSES FLORID

JUN 23 2008

COVER LETTER

TO: **Registration Section Division of Corporations** SUBJECT: AGNES COHEN, LLC (Name of Resulting Florida Limited Company) The enclosed Certificate of Conversion, Articles of Organization, and fees are submitted to convert an "Other Business Entity" into a "Florida Limited Liability Company" in accordance with s. 608.439, F.S. Please return all correspondence concerning this matter to: Karen S. Leopold, Esq. (Contact Person) Leopold Korn Leopold & Snyder, P.A. (Firm/Company) 20801 Biscayne Blvd., Suite 208 (Address) Aventura, FL 33180 (City, State and Zip Code) For further information concerning this matter, please call: Karen S. Leopold) 935-3500 x 208 (Area Code and Daytime Telephone Number) (Name of Contact Person) Enclosed is a check for the following amount: **☑** \$150.00 Filing Fees \$155.00 Filing Fees \$180.00 Filing Fees □\$185.00 Filing Fees, Certified Copy, and (\$25 for Conversion and Certificate of and Certified Copy & \$125 for Articles Status Certificate of Status of Organization) STREET ADDRESS: MAILING ADDRESS: Registration Section Registration Section **Division of Corporations Division of Corporations** Clifton Building P. O. Box 6327

Tallahassee, FL 32314

2661 Executive Center Circle

Tallahassee, FL 32301

Certificate of Conversion For "Other Business Entity"

Into .

08 JUN 20 AH II: 56 SECRETARY OF STATE FALL AHASSEE FLORIDA

Florida Limited Liability Company

This Certificate of Conversion and attached Articles of Organization are submitted to

convert the following "Other Business Entity" into a Florida Limited Liability Company in accordance with s.608.439, Florida Statutes. 1. The name of the "Other Business Entity" immediately prior to the filing of this Certificate of Conversion is: POS-103030 AGNÉS COHEN, P.A. (Enter Name of Other Business Entity) 2. The "Other Business Entity" is a ____corporation (Enter entity type. Example: corporation, limited partnership, sole proprietorship, general partnership, common law or business trust, etc.) first organized, formed or incorporated under the laws of Florida (Enter state, or if a non-U.S. entity, the name of the country) on <u>07/22/2005</u> (Enter date "Other Business Entity" was first organized, formed or incorporated) 3. If the jurisdiction of the "Other Business Entity" was changed, the state or country under the laws of which it is now organized, formed or incorporated: 4. The name of the Florida Limited Liability Company as set forth in the attached Articles of Organization: AGNES COHEN, LLC (Enter Name of Florida Limited Liability Company) 5. If not effective on the date of filing, enter the effective date: (The effective date: 1) cannot be prior to nor more than 90 days after the date this

document is filed by the Florida Department of State; <u>AND</u> 2) must be the same as the effective date listed in the attached Articles of Organization, if an effective date is

listed therein.)

| • | |
|---|--|
| Signed this 17th day of June | 20 08 |
| Signature of Member or Authorized Representa | tive of Limited Liability Company: |
| Signature of Member or Authorized Representative Printed Name: <u>AGNES COHEN</u> | Title: Managing Member |
| Signature(s) on behalf of Other Business Entity: | See below for required signature(s). |
| Signature: Printed Name AGNES COHEN | Title: President |
| Signature:Printed Name: | |
| Signature:Printed Name: | |
| Signature:Printed Name: | Title: |
| Signature:Printed Name: | |
| Signature:Printed Name: | Title: |
| If Florida Corporation: Signature of Chairman, Vice Chairman, Director, or Officers have not been selected, an Inc. | |
| If Florida General Partnership or Limited Liability Signature of one General Partner. | ty Partnership: |
| If Florida Limited Partnership or Limited Liability Signatures of ALL General Partners. | ty Limited Partnership; |
| All others: Signature of an authorized person. | |
| Fees: | |
| Certificate of Conversion: Fees for Florida Articles of Organization: Certified Copy: Certificate of Status: | \$25.00 \$125.00 \$30.00 (Optional) \$5.00 (Optional) |

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE 1 - Name:

The name of the Limited Liability Company is:

| AGNES COH (Must end with the words "LLC.") | "Limited Liability Compa | nny," the abbreviation | "L.L.C.," or the desi | gnation | | |
|--|--|---|--|-------------|--------------|-------|
| ARTICLE II - Add The mailing address Liability Company | s and street address | of the principal of | office of the Lin | mited | | |
| Principal Office Address: | | <u>Maili</u> | Mailing Address: | | | |
| 9990 NW 14TH STRE MIAMI FL 33172 | EET, SUITE 107 | | W 14TH STREET I FL 33172 | , SUITE 1 | .07 - | |
| ARTICLE III - Re | egistered Agent, Re | egistered Office, | & Registered | Agent's | | |
| Signature: (The Limited Liability Co individual or another business entity with an ac | egistered Agent, Rempany cannot serve as its ctive Florida registration.) Florida street address LEOPOLD KORN LE | own Registered Agen s of the registere | t. You must designated | _ | 08 JUN 20 | 12.00 |
| Signature: (The Limited Liability Co individual or another business entity with an ac | mpany cannot serve as its etive Florida registration.) | own Registered Agen s of the registere EOPOLD & SNYD! | t. You must designated agent are: | SECNETAL OF | 08 JUN 20 AH | i i |
| Signature: (The Limited Liability Co individual or another business entity with an ac | mpany cannot serve as its ctive Florida registration.) Florida street address LEOPOLD KORN LE | own Registered Agents s of the registered EOPOLD & SNYDI Name OULEVARD, Suite | t. You must designated agent are: ER, P.A. | SECNETAL OF | 08 JUN 20 AH | |
| Signature: (The Limited Liability Co individual or another business entity with an ac | mpany cannot serve as its ctive Florida registration.) Florida street address LEOPOLD KORN LE 20801 BISCAYNE B | own Registered Agents s of the registered EOPOLD & SNYDI Name OULEVARD, Suite | t. You must designated agent are: ER, P.A. | SECNETAL A | 08 JUN 20 AH | 124 |

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

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:

| <u>Title:</u> "MGR" = Manager | Name and Address: |
|--|--|
| "MGRM" = Managing Member | |
| Managing Member | Agnes Cohen |
| | 9990 N.W. 14th Street, Suite 107 |
| | Miami, FL 33172 |
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| | Miles and an extension of the control of the contro |
| | (Use attachment if necessary) |
| | (Ose attachment is necessary) |
| ARTICLE V: Effective date, if other than | |
| | (OPTIONAL) |
| document is filed by the Florida Departs | o nor more than 90 days after the date this ment of State; AND 2) must be the same as I Certificate of Conversion, if an effective |
| REQUIRED SIGNATURE: | |
| <u>RESOLUTION</u> | |
| | |
| Signature of a member or all | authorized representative of a member. |
| of this document constitutes an | 08.408(3), Florida Statutes, the execution affirmation under the penalties of perjury stated herein are true.) NES COHEN |
| AGNES COHEN | |
| Typed or p | 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) Page 2 of 2