

L08000072597

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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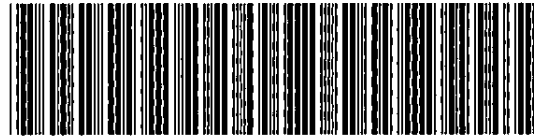
(Business Entity Name)

(Document Number)

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08 JUL 29 AM 10:55
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

B. KOHR
JUL 29 2008
EXAMINER

FILED
08 JUL 29 PM 1:15
DEPARTMENT OF STATE
TALLAHASSEE, FLORIDA



CORPORATION SERVICE COMPANY

ACCOUNT NO. : 072100000032

REFERENCE : 664217 131879A

AUTHORIZATION :

COST LIMIT : \$ 125.00

ORDER DATE : July 28, 2008

ORDER TIME : 8:40 AM

ORDER NO. : 664217-015

CUSTOMER NO: 131879A

FILED
08 JUL 29 PM 1:15
TALLAHASSEE, FLORIDA

DOMESTIC FILING

NAME: COHEA, LLC

XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

XX PLAIN STAMPED COPY

CONTACT PERSON: Amanda Roath - EXT. 2955

EXAMINER'S INITIALS: _____

ARTICLES OF ORGANIZATION
FOR
COHEA LLC,
A FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I-NAME:

The name of the Limited Liability Company is:

COHEA, LLC

ARTICLE II-ADDRESS:

PRINCIPAL ADDRESS: 2590 W 76TH STREET
HIALEAH, FL 33016

MAILING ADDRESS: 6361 SUNSET DRIVE
MIAMI, FL 33143

ARTICLE III-REGISTERED AGENT:

ATRIUM REGISTERED AGENTS, INC.
1500 SAN REMO AVENUE, STE 125
CORAL GABLES, FL 33146

ARTICLE IV - PURPOSE:

The purpose of this Limited Liability Company shall be any and all lawful business.

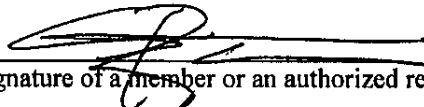
ARTICLE IV-MANAGEMENT:

Until further notice, the Limited Liability Company is to be managed by a manager and said manager is as follows:

(MGR) Academica Dade, LLC

Address: 6361 SUNSET DRIVE, MIAMI, FL, 33143

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.)

Collette D. Papa, Esq.
Typed or printed name of signee

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FALLAHASSEE, FLORIDA

CERTIFICATE OF DESIGNATION OF
REGISTERED AGENT/REGISTERED OFFICE

PURSUANT TO THE PROVISIONS OF SECTIONS 608.415 or 608.507, FLORIDA STATUTES, THE UNDERSIGNED LIMITED LIABILITY COMPANY SUBMITS THE FOLLOWING STATEMENT TO DESIGNATE A REGISTERED OFFICE AND REGISTERED AGENT IN THE STATE OF FLORIDA.

1. The name of the Limited Liability Company is:

COHEA LLC, a Florida limited liability company

2. The name and street address of the registered agent are:

Name: ATRIUM REGISTERED AGENTS, INC.

Address: 1500 San Remo Avenue, Suite 125, Coral Gables, Florida 33146

Having been named as registered agent and to accept services 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.

By: _____

Name: Dennis Ginsburg, Vice-President