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09 JUL -7 AM 11:31  
TALLAHASSEE, FLORIDA  
DIVISION OF CORPORATIONS  
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B. KOHR

JUL 7 2009

EXAMINER

FILED  
09 JUL -7 PM 1:35  
TALLAHASSEE, FLORIDA  
SECRETARY OF STATE

CORPDIRECT AGENTS, INC. (formerly CCRS)  
515 EAST PARK AVENUE  
TALLAHASSEE, FL 32301  
222-1173

**FILING COVER SHEET**  
**ACCT. #FCA-14**

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09 JUL -7 PM 1:35  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**CONTACT:** TRICIA TADLOCK

**DATE:** 07/07/09

**REF. #:** 0409.107102

**CORP. NAME:** COCONUT GROVE CY, LLC

- |  |   |   |
|--|---|---|
| <input type="checkbox"/> ARTICLES OF INCORPORATION   | <input type="checkbox"/> ARTICLES OF AMENDMENT  | <input type="checkbox"/> ARTICLES OF DISSOLUTION      |
| <input type="checkbox"/> ANNUAL REPORT               | <input type="checkbox"/> TRADEMARK/SERVICE MARK | <input type="checkbox"/> FICTITIOUS NAME              |
| <input type="checkbox"/> FOREIGN QUALIFICATION       | <input type="checkbox"/> LIMITED PARTNERSHIP    | <input checked="" type="checkbox"/> LIMITED LIABILITY |
| <input type="checkbox"/> REINSTATEMENT               | <input type="checkbox"/> MERGER                 | <input type="checkbox"/> WITHDRAWAL                   |
| <input type="checkbox"/> CERTIFICATE OF CANCELLATION |   |   |
| <input type="checkbox"/> OTHER:                      |   |   |

**STATE FEES PREPAID WITH CHECK#** 530908 **FOR \$** 155.00.

**AUTHORIZATION FOR ACCOUNT IF TO BE DEBITED:**

\_\_\_\_\_ **COST LIMIT: \$** \_\_\_\_\_

**PLEASE RETURN:**

- |  |   |   |
|--|---|---|
| <input checked="" type="checkbox"/> CERTIFIED COPY | <input type="checkbox"/> CERTIFICATE OF GOOD STANDING | <input type="checkbox"/> PLAIN STAMPED COPY |
| <input type="checkbox"/> CERTIFICATE OF STATUS     |   |   |

Examiner's Initials

**ARTICLES OF ORGANIZATION  
OF  
COCONUT GROVE CY, LLC**

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

**ARTICLE I: - Name**

The name of the Limited Liability Company is **COCONUT GROVE CY, LLC.**

**ARTICLE II: - Address**

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

**1065 Kane Concourse, Suite 201  
Bay Harbor Islands, FL 33154**


**ARTICLE III: - Registered Agent, Registered Office, & Registered Agent's Signature**

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

**CorpDirect Agents, Inc.  
515 East Park Avenue  
Tallahassee, FL 32301**

*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.*

CorpDirect Agents, Inc., Registered Agent

By:   
Name: Patricia Tadlock  
Title: Assistant Secretary

**ARTICLE IV: - Manager**


☒ The Limited Liability Company is to be managed by one Manager or more Managers and is, therefore, a manager - managed company.

**ARTICLE V: - Manager**

The name and address of one of the Managers is as follows:

MGR

Robert Finvarb  
1065 Kane Concourse, Suite 201  
Bay Harbor Islands, FL 33154

  
\_\_\_\_\_  
Robert Finvarb, Authorized Signer

(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.)

\_\_\_\_\_  
Robert Finvarb  
Typed or printed name of signee