

Division of Corporations

L09000079961

Page 1 of 1

Florida Department of State
Division of Corporations
Public Access System

Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H09000184935 3)))



H09000184935ABC8

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:
Division of Corporations
Fax Number : (850) 617-6383

From:
Account Name : HUBCO
Account Number : 104662003400
Phone : (516) 935-3940
Fax Number : (516) 935-3088

FILED
2009 AUG 19 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

RECEIVED
09 AUG 19 AM 10:46
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

FLORIDA/FOREIGN LIMITED LIABILITY CO.

Cohen's Deli & Butcher Shop LLC

Certificate of Status	1
Certified Copy	0
Page Count	02
Estimated Charge	\$130.00

C. LEWIS

AUG 20 2009

EXAMINER

Electronic Filing Menu

Corporate Filing Menu

Help

H09000184935

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

ARTICLE I - Name

The name of the Limited Liability Company is: **Cohen's Deli & Butcher Shop LLC**

ARTICLE II - Address

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

Principal Office Address:

Mailing Address:

16640 Cagana Crossing #305

16640 Cagana Crossing #305

Clermont, FL 34714

Clermont, FL 34714

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

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

Harry M. Samuels

Name

2901 Stirling Road #307

(P.O. Box or Mail Drop Box **NOT** Acceptable)

Fort Lauderdale, FL 33312

(City / State / Zip)

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 - Harry M. Samuels

FILED
2009 AUG 19 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV - Manager(s) or Managing Member(s):

H09000184935

The name and address of each Manager or Managing Member is as follows:

Title:

Name and Address:

"MGR" = Manager

"MORM" = Managing Member

MGR

Justin Cohen - 16640 Cagans Crossing #305, Clermont, FL 34714

(Use attachment if necessary)

REQUIRED SIGNATURE:


Signature of a member or 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.)

Justin Cohen

Typed or printed name of signer

FILED
2009 AUG 19 AM 8:21
SECRETARY OF STATE
TALLAHASSEE, FLORIDA