

L 116000083526

(Requestor's Name)

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(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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B. KOHR

JUL 20 2011

EXAMINER



300210106053

07/20/11--01010--008 **125.00

RECEIVED
11 JUL 20 AM 10:57
DEPARTMENT OF STATE
DIVISION OF CORPORATIONS
TALLAHASSEE, FLORIDA

FILED
11 JUL 20 PM 3:46
SECRETARY OF STATE
DIVISION OF CORPORATIONS



CORPORATION SERVICE COMPANY

ACCOUNT NO. : I20000000195

REFERENCE : 850798 4810520

AUTHORIZATION :

COST LIMIT : PPD

ORDER DATE : July 19, 2011

ORDER TIME : 4:04 PM

ORDER NO. : 850798-005

CUSTOMER NO: 4810520

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
11 JUL 20 PM 3:49

DOMESTIC FILING

NAME: COHEN FASHION OPTICAL STORE
NO. 92, LLC

EFFECTIVE DATE:

ARTICLES OF INCORPORATION
CERTIFICATE OF LIMITED PARTNERSHIP
XX ARTICLES OF ORGANIZATION

PLEASE RETURN THE FOLLOWING AS PROOF OF FILING:

CERTIFIED COPY
XX PLAIN STAMPED COPY
CERTIFICATE OF GOOD STANDING

CONTACT PERSON: Troy Todd - EXT. 2940

EXAMINER'S INITIALS: _____

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COHEN FASHION OPTICAL STORE NO. 92, LLC
(Name of Limited Liability Company)

FILED STATE
SECRETARY OF CORPORATIONS
11 JUL 20 PM 3:46

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Barbara G. Mangus

(Name of Person)

Wyatt, Tarrant & Combs, LLP

(Firm/Company)

500 W. Jefferson Street, Suite 2800

(Address)

Louisville, Kentucky 40202

(City/State and Zip Code)

For further information concerning this matter, please call:

Barbara G. Mangus

(Name of Person)

at (502) 562-7537

(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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COHEN FASHION OPTICAL STORE NO. 92, LLC

(Must end with the words "Limited Liability Company," "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

100 Quentin Roosevelt Blvd.

Suite 400

Garden City, NY 11530

Mailing Address:

Dadeland Mall

7537 Dadeland Mall

Miami, FLA 33156

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

(The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)

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

Corporation Service Company

Name

1201 Hays Street

Florida street address (P.O. Box **NOT** acceptable)

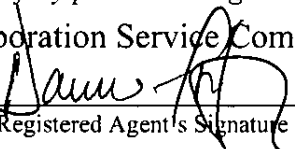
Tallahassee

FL 32301

City, State, and 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..

Corporation Service Company

BY: 
Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
JUL 20 PM 3:46

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

Name and Address:

MGR

Spencer Coates

700 Church St., P. O. Box 90009

Bowling Green, KY 42102-9009

MGR

Jimmie Gipson

700 Church St., P. O. Box 90009

Bowling Green, KY 42102-9009

MGR

Dr. Robert Cohen

700 Church St., P. O. Box 90009


Bowling Green, KY 42102-9009

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____. (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Dr. Robert Cohen, Manager

Typed or 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)