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SECRETARY OF STATE SECRETARY OF STATE

C. LEWIS

AUG - 2 2011

EXAMINER

COVER LETTER

Registration Section
Division of Corporations TQ:

>

SUBJECT: Cohen Palm Beach Condo, LLC Name of Limited Liability Company

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

Please return all correspondence concerning this matter to the following:

ase return all correspondence concerning this matter to the rollow of
ALAN COHEN Name of Person
Firm/Company
12554 W ATLANTIC BLVD Address
CORAL SPRINGS, FL 33071 City/State and Zip Code
ALLCARGOX@AOL.COM Fmail address: (to be used for future annual report notification)
For further information concerning this matter, please call: at (954) Area Code & Daytime Telephone Number
Name of Person
Enclosed is a check for the following amount: Status Status
Mailing Address Registration Section Division of Corporations Division of Corporations Division of Corporations Clifton Building 2661 Executive Center Circle

P.O. Box 6327 Tallahassee, FL 32314 Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

i Ne

ARTICLE I - Name:	
The name of the Limited Liability Company is:	
Cohen Palm Beach Condo, LL	
(Must end with the words "Limited Liabilit	y Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the pri	ncipal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
12554 W ATLANTIC BLVD CORAL SPRINGS, FL 33071	12554 W ATLANTIC BLVD CORAL SPRINGS, FL 33071
ARTICLE III - Registered Agent, Registered (The Limited Liability Company cannot serve as its own Registe business entity with an active Florida registration.)	
The name and the Florida street address of the re	egistered agent are:
ALAN COHEN	egistered agent are:
Name	ASS I
12554 W ATLANT	TIC BLVD #≦ Fr
Florida street addr	ress (P.O. Box NOT acceptable)

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

ARTICLE IV- Manager(s) or Manag	ging Member(s):	CILLU
The name and address of each Manager		2011 AUG - 1 AM IDE
<u>Title:</u> "MGR" = Manager "MGRM" = Managing Member	Name and Address:	SECRETARY OF STATE TALLAHASSEE, FLOR
MGR	ALAN COHEN (AS TRUSTEE FOR ALAN L. COHEN AND JENNIFER L. REVOCABLE TRUST)	
(Use attachment if necessary)		
ARTICLE V: Effective date, if other than the date of filing.) If an effective date is listed, the date must be set or 90 days after the date of filing.)		
REQUIRED SIGNATURE:		
Signature of a member of	or an authorized representative of a member	<u>-</u> •

(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. I am aware that any false information submitted in a document to the Department of State constitutes a third degree felony as provided for in s.817.155, F.S.)

ALAN COHEN

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)