111000115034

(Requestor's Name)				
(Address)				
(Address)				
(City/State/Zip/Phone #)				
PICK-UP WAIT MAIL				
(Business Entity Name)				
(Document Number)				
Certified Copies Certificates of Status				
Special Instructions to Filing Officer:				
A. LUNT				
OCT - 7 2011				
EXAMINER				

Office Use Only



100211095811

10/06/11--01013--004 **125.00

2011 OCT -6 PH S 54
SECRETARY OF STATE ALLAHASSEE, FLORIDA

Fox American Investments, LLC Yehezkel Cohen, Sole MBR/MGR 15112 Laurel Cove Ct Odessa, FL 33556

September 30, 2011

Division of Corporations Amendment Section P.O. Box 6327 Tallahassee, FL 32314

RE: Document #: L07000008276
Fox American Investments, LLC.

To Whom It May Concern:

Please let this letter serve as proof that we have no intention of revoking the dissolution of the LLC, Fox American Investments, LLC., therefore releasing the name for use another entity.

If you require any further information in order to process this request, please contacting CPA, Ron Porat, at 6702 N Gunlock Ave, Tampa, FL 33614. He can be reached phone at 813-870-0060.

Sincerely,

Yehezkel Cohen,

MGR

Fox American Investments, LLC

COVER LETTER

	ion Section of Corporations		
SUBJECT: FO	x American Investm	ents, LLC	
	Name of Limite	ed Liability Company	
The enclosed Artic	les of Organization and fee(s) are	submitted for filing.	
Please return all co	rrespondence concerning this matt	er to the following:	
Yehez	kel Cohen		
		Name of Person	2011 SE TAL
Fox A	merican Investments	s, LLC	<u> </u>
		Firm/Company	TARY
15112	Laurel Cove Ct		
		Address	F S
Odessa	, FL 33556		ALE ORIDZ
		//State and Zip Code	
aru1@v	erizon.net	or future annual report notification)	
For further informa	tion concerning this matter, please	•	
Ron Porat		at (813) 870-0060	
N	ame of Person	Area Code & Daytime Telephone Nun	nber
Enclosed is a che	ck for the following amount:		
▼ \$125.00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certific (additional copy is enclosed) Certifie	0 Filing Fee, cate of Status & cd Copy nal 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

The name of the Limited Liability Co	ompany is:
Fox American Investme	ents, LLC
(Must end with the words "I	Limited Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address	ss of the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
15112 Laurel Cove Ct Odessa, FL 33556	15112 Laurel Cove Ct Odessa, FL 33556

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:

ARTICLE I - Name:

Yehezkel Cohen

Name

15112 Laurel Cove Ct

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

Odessa

Et 33556

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.

Registered Agent's Signature (REQUIRED)

(CONTINUED)

	n.	Ž
<u>Title:</u>	Name and Address:	9
"MGR" = Manager		$\mathcal{O}_{\mathbb{C}}$
"MGRM" = Managing Member	C	3
MGR	Yehezkel Cohen	> >
	15112 Laurel Cove Ct	_
	Odessa, FL 33556	_
 		_
		_
		_
		_
		_
		-
		_
**************************************		_
		_
/TT 1 10		
(Use attachment if necessary)		
	e date of filing: . (OPTI	ONA
LE V: Effective date, if other than the	e date of filing: (OPTION OF THE COPTION OF	ONA day
(Use attachment if necessary) LE V: Effective date, if other than the fective date is listed, the date must l days after the date of filing.)	e date of filing: (OPTION	ONA day
LE V: Effective date, if other than the fective date is listed, the date must l	e date of filing: (OPTION	ONA s day
LE V: Effective date, if other than the fective date is listed, the date must l days after the date of filing.)	e date of filing: (OPTIO be specific and cannot be more than five business	ONA day
LE V: Effective date, if other than the fective date is listed, the date must l days after the date of filing.)	e date of filing: (OPTION	ONA s day
LE V: Effective date, if other than the fective date is listed, the date must l	e date of filing: (OPTIO be specific and cannot be more than five business	ONA s day
LE V: Effective date, if other than the fective date is listed, the date must l days after the date of filing.) REQUIRED SIGNATURE:	be specific and cannot be more than five business	ONA day
LE V: Effective date, if other than the fective date is listed, the date must leady after the date of filing.) REQUIRED SIGNATURE: Signature of a member 1.	be specific and cannot be more than five business	ONA i day
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	be specific and cannot be more than five business	e.
LE V: Effective date, if other than the fective date is listed, the date must I days after the date of filing.) REQUIRED SIGNATURE: Signature of a member of a m	be specific and cannot be more than five business ber or an authorized representative of a member. 08.408(3), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are trumation submitted in a document to the Department of State my as provided for in s.817.155, F.S.)	s da <u>y</u> e.

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent
\$ 30.00 Certified Copy (Optional)
\$ 5.00 Certificate of Status (Optional)