

U14 000122339

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(Address)

(City/State/Zip/Phone #)

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(Business Entity Name)

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14 AUG -4 AM 10:48  
SECRETARY OF THE  
TREASURY  
FALCONER, J. LINDA

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Core Plan It  
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:

Suzanne LUZADAS

Name of Person

Core Plan It

Firm/Company

17741 Briar Patch Trail

Address

Boca Raton, FL 33487

City/State and Zip Code

sluzadas@yahoo.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Joni Ortega

Name of Person

at (239) 770-8025

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:

Cose Plan It L.L.C.

(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:

17741 Briar Patch Trail  
Boca Raton, FL  
33487

Mailing Address:

17741 Briar Patch Trail  
Boca Raton, FL  
33487

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:

Joni Ortega

Name

11985 Shakerwood Lane

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

Wellington

City

FL

33414

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 605, F.S.

Joni Ortega

Registered Agent's Signature (REQUIRED)

(CONTINUED)

14 AUG - 6 11 PM '08  
TALLAHASSEE, FLORIDA

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

CEO

COO

CTO

CMO

**Name and Address:**

Suzanne Luzadas  
17741 Briar Patch Trail  
Boca Raton, FL, 33487

Joni Ortega  
11985 Shakerwood Lane  
Wellington FL 33414

Jodi Luzadas  
17741 Briar Patch Trail  
Boca Raton FL, 33487

Thomas Hale  
11985 Shakerwood Lane  
Wellington FL, 33414

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**  
(In accordance with section 605.0203 (1) (b), 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.)

Suzanne Luzadas

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)

14 AUG 14 11:10:42  
STATE OF FLORIDA  
TALLAHASSEE, FLORIDA