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NAME:

MEISEL-COHEN CASA MARINA, LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST:

155.00

RETURN: CERTIFIED COPY PLEASE

ACCOUNT: FCA00000015

AUTHORIZATION: ABBIE/PAUL HODGE

COVER LETTER

TO:	Registration Section Division of Corporations
SUBJE	CT: Meisel-Cohen Casa Marina, LLC Name of Limited Liability Company
The end	closed Articles of Organization and fee(s) are submitted for filing.
Please 1	return all correspondence concerning this matter to the following:
	Name of Person
•	Capitol Services – Corporate Filings Team Firm/Company
	800 Brazos Ste 400
	Address
	Austin TX 78701 City/State and Zip Code
	dcohen@meisel-cohen.com E-mail address: (to be used for future annual report notification)
For furt	her information concerning this matter, please call:
	Name of Person Area Code Daytime Telephone Number
7	of is a check for the following amount: O Filing Fee \$\bigsec \text{S130.00 Filing Fee & Certificate of Status} \bigsec \text{S155.00 Filing Fee & Certificate of Status & Certificate of Status & Certified Copy (additional copy is enclosed)} \[\bigsec \text{S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)} \]
	Mailing AddressStreet/Courier AddressRegistration SectionRegistration SectionDivision of CorporationsDivision of CorporationsP.O. Box 6327Clifton BuildingTallahassee, FL 323142661 Executive Center CircleTallahassee, FL 32301

MEISEL-COHEN CASA MARINA, LLC ARTICLES OF ORGANIZATION

The undersigned, being authorized to execute and file these Articles, hereby forms a limited liability company pursuant to the laws of Florida and certifies that:

Article I - Name

The name of the limited liability company (the "Company") is:

Meisel-Cohen Casa Marina, LLC

Article II - Address

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

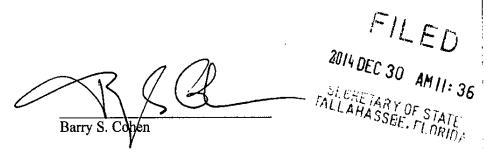
> 6000 Executive Blvd., Suite 700 Rockville, MD 20852

Article III - Registered Agent, Registered Office, & Registered Agent's Signature.

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

Barry S. Cohen 300 S. E. Fifth Ave. #5090 Boca Raton, FL 33432

Having been named 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.



Article IV

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

Title: Name and Address

MGR Barry S. Cohen

300 S. E. Fifth Ave. #5090 Boca Raton, FL 33432

Required Signature:

Barry S. Coher

In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes the 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.