

L15000138169

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

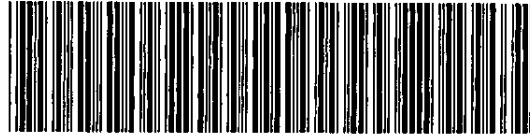
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:

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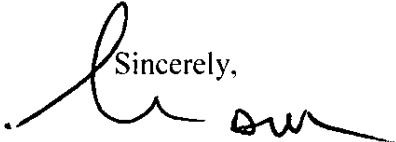
FILED  
2015 AUG 10 AM 10:23  
CLERK OF STATE  
OFFICE

2/17/16

**Dr Adam T Cohen**  
**6400 S Gator Creek Blvd**  
**Sarasota, FL 34241**

August 6, 2015

I am respectfully submitting an application for Open House Art Gallery LLC. I can be reached @ 941-228-0747

Sincerely,

Dr. Adam T Cohen

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: OPEN HOUSE ART GALLERY 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:

DR ADAM COHEN  
Name of Person

OPEN HOUSE ART GALLERY LLC  
Firm/Company

2642 BEE RIDGE RD  
Address

SARASOTA FL 34239  
City/State and Zip Code

RANCHUET@GMAIL.COM  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

ADAM COHEN at (941) 228 0747  
Name of Person 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  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

Street Address  
New Filing 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:

OPEN HOUSE ART GALLERY 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:

2642 BEE RIDGE RD  
SARASOTA FL 34239

Mailing Address:

6400 S GATOR CREEK BLVD  
SARASOTA FL 34241

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:

DR ADAM COHEN  
Name-

6400 S GATOR CREEK BLVD

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

SARASOTA FL 34241

City

State

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..

[Signature]

Registered Agent's Signature (REQUIRED)

(CONTINUED)

FILED  
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STATE OF 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

AMBR

AMBR

**Name and Address:**

DR ADAM COHEN  
6400 S GATOR CREEK BLVD  
SARASOTA FL 34241

DAWN COHEN  
6400 S GATOR CREEK BLVD  
SARASOTA FL 34241

(Use attachment if necessary)

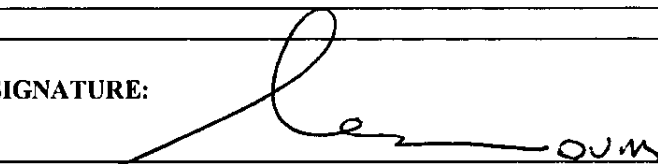
**ARTICLE V:** Effective date, if other than the date of filing: 8/5/15 (OPTIONAL)

(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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

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

**REQUIRED SIGNATURE:**



**Signature of a member or an authorized representative of a member.**

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

DR ADAM T COHEN

Typed or printed name of signer

**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)