

03-04-16

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**Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet**

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To:

Division of Corporations
Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN
Account Number : I20020000140
Phone : (561)844-3600
Fax Number : (561)842-4104

****Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.****

Email Address: GRC@FCOHEHLAW.COM

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

**FLORIDA LIMITED LIABILITY CO.
OWNERSHIP OF REAL PROPERTY, LLC**

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

3-07-16

Electronic Filing Menu

Corporate Filing Menu

3
Help

COVER LETTER

TO: Registration Section
Division of CorporationsSUBJECT: OWNERSHIP OF REAL PROPERTY, 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:

GREGORY R. COHEN

Name of Person

COHEN NORRIS ET AL.

Firm/Company

712 U.S. HIGHWAY ONE, SUITE 400

Address

NORTH PALM BEACH, FL 33408

City/State and Zip Code

GRC@FCOHENLAW.COM

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

For further information concerning this matter, please call:

GREGORY R. COHEN, ESQ. at 561 844-3600
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

<input checked="" type="checkbox"/> \$125.00 Filing Fee	<input type="checkbox"/> \$130.00 Filing Fee & Certificate of Status	<input type="checkbox"/> \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)	<input type="checkbox"/> \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
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Mailing AddressNew Filing Section
Division of Corporations
P.O. Box 6327
Tallahassee, FL 32314Street AddressNew Filing Section
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

H16000056859 3

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

OWNERSHIP OF REAL PROPERTY, 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:Mailing Address:

712 U.S. HIGHWAY ONE
SUITE 400
NORTH PALM BEACH, FL 33408

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:

GREGORY R. COHEN

Name

712 U.S. HIGHWAY ONE, SUITE 400Florida street address (P.O. Box NOT acceptable)N.P.B., FL 33408

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.


 Registered Agent's Signature (REQUIRED)

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Page 1 of 2

H16000056859 3

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 TALLAHASSEE, FLORIDA

H16000056859 3

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

MGR

Name and Address:

GREGORY R. COHEN

712 U.S. HIGHWAY ONE, SUITE 400

NORTH PALM BEACH, FL 33408

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SECRETARY OF STATE

(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.)

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.

GREGORY R. COHEN, MANAGER

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)

H16000056859 3