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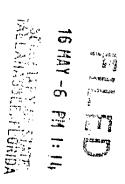
| . (Re                   | equestor's Name)      |               |
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| (Ac                     | ldress)               |               |
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| PICK-UP                 | ☐ WAIT                | MAIL          |
| /D:                     | isiness Entity Name   | <u> </u>      |
| (60                     | isiness Endly Warrie  | <del>;)</del> |
| (Do                     | ocument Number)       |               |
| <b>(</b> -              | ,                     |               |
| Certified Copies        | _ Certificates o      | of Status     |
|                         | _                     |               |
| Special Instructions to | Filing Officer:       |               |
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Office Use Only



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05-17-15

## **COVER LETTER**

|               | Division of Corporations  |                  |   |
|---------------|---|------------------|---|
| SUBJEC"       | r. 9 Cobia Ponte LLC  |                  |   |
| DOBOEC:       |   | Limited Liabilit | y Company   |
| The enclo     | sed Articles of Organization and fee(s)   | are submitted f  | or filing.  |
|               | urn all correspondence concerning this  |                  | •   |
|               | Michael Feldman   |                  | •   |
|               |   | Name of P        | erson   |
|               | Feldman & Feldman, Counsellors at   | Law, P.A.        |   |
|               | ,   | Firm/Com         | pany  |
|               | 5491 N. University Drive, Suite 102   |                  |   |
|               |   | Addres           | S   |
|               | Coral Springs, Florida 33067  |                  |   |
|               |   | City/State and   | Zip Code  |
|               | drdebinfla2@aol.com   | 10.0.            |   |
|               | E-mail address: (to be use  |                  | nual report notification)   |
| For further i | information concerning this matter, plea  | ase call:        |   |
|               | Deborah Kauffman at (   | 954<br>)         | 254-4780  |
|               | Name of Person  | Area Code        | Daytime Telephone Number  |
| Enclosed i    | is a check for the following amount:  |                  |   |
|               | Filing Fee \$130.00 Filing Fee & Certificate of Status  | Certified        | Filing Fee & \$160.00 Filing Fee, Copy Certificate of Status & Certified Copy (additional copy is enclosed) |
|               | Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314 | N<br>D<br>C      | treet Address  ew Filing Section  ivision of Corporations  lifton Building  661 Executive Center Circle     |

Tallahassee, FL 32301

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| 9 C  | obia Ponte LLC  |  |   |  |                |                  |
|--|---|--|---|--|----------------|------------------|
| (Must er   | nd with the words "Limited  | Liability Company, '   | "L.L.C.," or "LLC.")                        |  | _              |                  |
| ARTICLE II - Address:<br>The mailing address and stree                                 | et address of the principal of  | ffice of the Limited L   | iability Company is:                        |  |                |                  |
| <u>Princ</u>   | cipal Office Address:   |  | Mailing Addres                              | <u>:s</u> :  |                |                  |
| 2276 NW 36th Str   | reet  | 2276 1   | NW 36th Street                              |  |                |                  |
| Boca Raton, Florid   | J. 22421  |  | DI 11 00401                                 |  | _              |                  |
| Boca Raton, Floric   | 18 33431  | Boca   | Raton, Florida 33431                        |  |                |                  |
| Boca Raton, Flore  | 18 33431  | Boca   | Raton, Florida 33431                        |  |                | d carrier-rea    |
|  |   |  |   |  | 16 HAY         | •                |
| ARTICLE III - Registered A (The Limited Liability Compa                                | Agent, Registered Office, only cannot serve as its own  | & Registered Agent Registered Agent                              | 's Signature:                               | vidual or,   | May            | 43/4 <b>WDRM</b> |
| ARTICLE III - Registered A   | Agent, Registered Office, only cannot serve as its own  | & Registered Agent Registered Agent                              | 's Signature:                               | vidual or,   | MAY 6          | The Assess       |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, ony cannot serve as its own an active Florida registration  | & Registered Agent<br>Registered Agent. Yo<br>n.)                | 's Signature:                               | vidual or  | May            | Section 1        |
| ARTICLE III - Registered A (The Limited Liability Compa                                | Agent, Registered Office, ony cannot serve as its own an active Florida registration  | & Registered Agent<br>Registered Agent. Yo<br>n.)                | 's Signature:                               | vidual or,   | MAY 6          | Section 2        |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, ony cannot serve as its own an active Florida registration  | & Registered Agent<br>Registered Agent. Yo<br>n.)                | 's Signature:                               |  | MAY - 6 PH 1:1 | Section 2        |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, only cannot serve as its own an active Florida registration that address of the registered                                      | & Registered Agent<br>Registered Agent. Yo<br>n.)                | 's Signature:                               | vidual of State of St | MAY -6 PH I    | Section 2        |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, only cannot serve as its own an active Florida registration that address of the registered                                      | & Registered Agent<br>Registered Agent. You<br>n.)<br>agent are: | 's Signature:                               |  | MAY - 6 PH 1:1 | Section 2        |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, only cannot serve as its own an active Florida registration set address of the registered Michael Feldman                       | & Registered Agent Registered Agent. You n.) agent are: Name     | 's Signature:<br>ou must designate an indiv |  | MAY - 6 PH 1:1 | Section 2        |
| ARTICLE III - Registered A (The Limited Liability Compa another business entity with a | Agent, Registered Office, only cannot serve as its own an active Florida registration et address of the registered  Michael Feldman  5491 N. University D | & Registered Agent Registered Agent. You n.) agent are: Name     | 's Signature:<br>ou must designate an indiv |  | MAY - 6 PH 1:1 | The section was  |

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)

Page 1 of 2

(CONTINUED)

| <b>Title:</b> "AMBR" = Authorized Member   | Name and Address:   |              |
|--|---|--------------|
| "MGR" = Manager  |   |              |
| AMBR   | Deborah Kauffman  |              |
|  | 2276 NW 36th Street   |              |
|  | Boca Raton, FLorida 33431   |              |
|  | ·   |              |
|  | Tank  |              |
|  |   |              |
|  | \$ 2000<br>\$2000<br>\$4000   |              |
|  | 2. V  | <del>Т</del> |
|  |   | . e)         |
|  | 77<br>77 - 4 70   |              |
|  |   |              |
| (Use attachment if necessary)  | · 625.4   | <u>=</u>     |
| CLE V: Effective date, if other than the date of filing  |   | .∓<br>davs∶  |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an te of filing.)  | d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not  | •            |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ite of filing.)  If the date inserted in this block does not meet the ocument's effective date on the Department of State's   | d cannot be more than five business days prior to or 90 applicable statutory filing requirements, this date will not  | •            |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific an ite of filing.)  If the date inserted in this block does not meet the ocument's effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of  | applicable statutory filing requirements, this date will not s records.   | •            |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.)  If the date inserted in this block does not meet the occument's effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in acciliant aware that any false informatical contents.                           | applicable statutory filing requirements, this date will not s records.   | •            |
| CLE V: Effective date, if other than the date of filing effective date is listed, the date must be specific and the of filing.)  If the date inserted in this block does not meet the ocument's effective date on the Department of State.  CLE VI: Other provisions, if any.  REQUIRED SIGNATURE:  Signature of a member of This document is executed in act I am aware that any false informations third degree felony and Deborah Kauft | applicable statutory filing requirements, this date will not is records.  The analysis of a member of | •            |

ARTICLE IV-

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

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