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## COVER LETTER

TO: R	tegistration Section Division of Corporations		
SUBJECT	Deb Cohen Consulting L.L.C.		
Sedelle	Name	of Limited Liabi	lity Company
The enclos	sed Articles of Organization and fe	e(s) are submitted	d for filing.
Please retu	urn all correspondence concerning	this matter to the	following:
	Deb Cohen		
		Name o	f Person
	Deb Cohen Consulting L.L.C.		
		Firm/C	ompany
	7420 Maple Ridge Trail		
		Add	ress
	Boynton Beach, FL 33437		
	Debcohen585@yahoo.com	City/State a	nd Zip Code
	E-mail address: (to b	e used for future	annual report notification)
For further	information concerning this matter	, please call:	
	Deb Cohen	914 at (	325-3115
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amoun	t:	
	Filing Fee \$130.00 Filing Fe Certificate of Sta	ee & \$155	.00 Filing Fee & \$160.00 Filing Fee, fied Copy nal copy is enclosed) 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:	
Deb Cohen Consulting L.L.C.	
(Must end with the words "Limited Liabili	ty 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:
7420 Maple Ridge Trail	7420 Maple Ridge Trail
Boyton Beach, Florida	Boyton Beach, Florida
33437	33437
ARTICLE III - Registered Agent, Registered Office, & Regi	stered Agent's Signature:
(The Limited Liability Company cannot serve as its own Registe	ered 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:
Deh Cohen	

Name

7420 Maple Ridge Trail

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

Boyton Beach Florida 33437

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)

(CONTINUED)

Page 1 of 2



Title:	Name and Address:
"AMBR" = Authorized Member "MGR" = Manager	
AMBR	Deb Cohen
	7420 Maple Ridge Trail
	Boyton Beach, Florida 33437
· · · · · · · · · · · · · · · · · · ·	
(Use attachment if necessary)	•
•	
CLE V: Effective date, if other than the date	e of filing: filing date
effective date is listed, the date must be sp	pecific and cannot be more than five business days prior to or 90 days after
e of filing.) If the date inserted in this block does not	meet the applicable statutory filing requirements, this date will not be listed as
cument's effective date on the Department	
·	of state a records.
CLE VI: Other provisions, if any.	

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 \$ 817.155, F.S.

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)