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FAX No.

P. 001

12/11/2017

U7000323990

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

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**FLORIDA LIMITED LIABILITY CO.
COGUEN LLC**

Certificate of Status	0
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Corporate Filing Menu

Help

**ARTICLES OF ORGANIZATION
FOR
FLORIDA LIMITED LIABILITY COMPANY**

ARTICLE I - NAME

The name and address of this Limited Liability Company shall be:

COGUEN LLC

ARTICLE II - ADDRESS

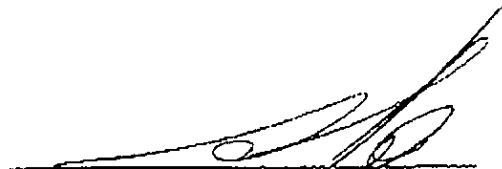
3640 Country Club Dr Apt 1509
Aventura, FL 33180

**ARTICLE III - NAME OF REGISTERED
AGENT, ADDRESS OF REGISTERED OFFICE
AND REGISTERED AGENT'S SIGNATURE**

The name and street address of the L.L.C.'s initial registered resident agent shall be:

Bernardo C. Tacoronte
8500 West Flagler St Ste B-208
Miami, FL 33144

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.

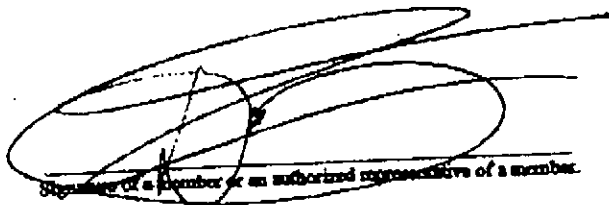


Registered Agent's Signature

ARTICLE IV - MANAGEMENT

The Limited Liability Company is to be managed by one or more managers and is; therefore, a manager-managed company.

David Cohen "MGRM"
3640 Country Club Dr Apt 1509
Aventura, FL 33180



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

(In accordance with section 605.02.03(1)(b), Florida Statutes,
the execution of this document constitutes an 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.)

DAVID COHEN

Printed name of signature