

L19000035095

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

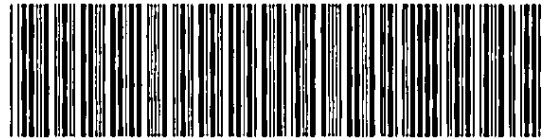
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

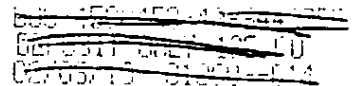
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Office Use Only



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2019 FEB 12 10:10 AM



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19 FEB -5 AM 9:10
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

N CULLIGAN

FEB 12 2019

COVER LETTER

New Filing Section
Division of Corporations

SUBJECT: JUSMARMIC RACING LLC
Name of Limited Liability Company

enclosed Articles of Organization and fee(s) are submitted for filing

we return all correspondence concerning this matter to the following:

MICHAEL & NEVILLE COHEN
Name of Person

JUSMARMIC RACING LLC
Firm/Company

1549 SCOTCH PINE DR
Address

BRANDON FL 33511
City/State and Zip Code

MIKE 1549@HOTMAIL.COM
E-mail address: (to be used for future annual report notification)

For other information concerning this matter, please call:

M. COHEN at (813) 545-1956
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

\$.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)

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

I - Name:

of the Limited Liability Company is:

JUSMARMIC LLC

(Must contain the words "Limited Liability Company," "L.L.C.," or "LLC.")

II - Address:

address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

TAMPA BAY DOWNS
11225 RACETRACK RD
TAMPA FL 33626

Mailing Address:

1549 SCOTCH PINE DR
BRANDON FL 33511

III - Registered Agent, Registered Office, & Registered Agent's Signature:

Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or business entity with an active Florida registration.)

and the Florida street address of the registered agent are:

MICHAEL COHEN

Name

1549 SCOTCH PINE DR

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

BRANDON FL 33511

City

State

Zip

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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named as registered agent and to accept service of process for the above stated limited liability company at the address in this certificate, I hereby accept the appointment as registered agent and agree to act in this capacity. I shall comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I shall 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)

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

AMBR

Name and Address:

MICHAEL W. COHEN
1549 SOUTHWEST AVE DR
BRANDON FL 33511

NEVILLE COHEN
9801 SW 139 ST
MIAMI FL 33157

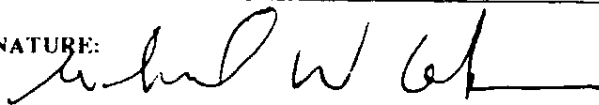
(Use attachment if necessary)

E V: Effective date, if other than the date of filing: 02/04/2019 (OPTIONAL)
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.)

If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be the member's effective date on the Department of State's records.

E 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.

MICHAEL W. COHEN

Typed or printed name of signer

Filing Fees:

\$125.00 FEE - For the Certificate of Organization

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TALLAHASSEE, FLORIDA

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