

L19000070989

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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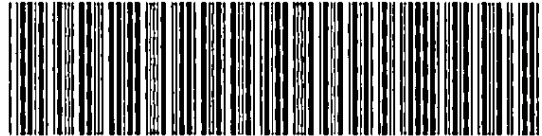
(Business Entity Name)

(Document Number)

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19 MAR 20 AM 9:56
CLERK, DEPT. OF REVENUE
TALLAHASSEE, FLORIDA

N CULLIGAN

MAR 14 2019

COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: The Cochran Firm - Treasure Coast 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:

Deborah Thomas, Bookkeeper
Name of Person

The Cochran Firm - Treasure Coast, LLC
Firm/Company

5033 SE Federal Highway
Address

Stuart, Florida 34997
City/State and Zip Code

dthomas@cochranfirm.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Deb Thomas at (772) 266-4159
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☒ \$125.00 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)

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

THE COCHRAN FIRM

TREASURE COAST

5033 SOUTHEAST FEDERAL HIGHWAY • STUART, FLORIDA 34997

TELEPHONE: (772) 266-4159 • FAX: (772) 678-7566

WWW.COCHRANFIRM.COM

March 19, 2019

Via Federal Express
Florida Department of State
Division of Corporations
Clifton Building
2661 Executive Center Circle
Tallahassee, FL 32301

Attn: Articles of Incorporation

Re: **The Cochran Firm-Treasure Coast, LLC, Document #W19000024751**

Dear Sir/Madam:

Please find attached the correct signed filing form for The Cochran Firm-Treasure Coast, LLC executed by Marwan E. Porter, Esq. Check #4266 was included with the previous form that was sent on March 5, 2019 to cover the filing fees.

Please return a clocked copy to our office in the self-addressed, stamped envelope for our records.

Sincerely,

THE COCHRAN FIRM-TREASURE COAST

A handwritten signature in black ink, appearing to read 'Marwan E. Porter', with a large, stylized loop at the end.

**Marwan E. Porter, Esquire
Managing Partner**

MEP/dt



FLORIDA DEPARTMENT OF STATE
Division of Corporations

March 14, 2019

THE PORTER LAW FIRM
5033 SE FEDERAL HWY
STUART, FL 34997

SUBJECT: THE COCHRAN FIRM-TREASURE COAST, LLC
Ref. Number: W19000024751

We have received your document for THE COCHRAN FIRM-TREASURE COAST, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The LLC must be filed Pursuant to s. 605.0201 Florida Statutes. I am enclosing a form.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6052.

Neysa Culligan
Regulatory Specialist II

Letter Number: 819A00005108

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

The Cochran Firm - Treasure Coast, LLC

(Must contain 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:

5033 SE Federal Highway
Stuart, FL 34997

SAME

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:

Marwan E. Porter

Name

5033 SE Federal Highway

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

Stuart

FL

34997

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.

Marwan E. Porter

Registered Agent's Signature (REQUIRED)

(CONTINUED)

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19 MAR 20 AM 9:56
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE IV-

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

Title:

"AMBR" = Authorized Member

"MGR" = Manager

Manager

Name and Address:

MARWAN E. Porter, Esquire
5033 SE Federal Highway
Stuart, FL 34997

FILED
19 MAR 20 AM 9:54
CLERK OF DISTRICT COURT
PALM BEACH COUNTY, FLORIDA

(Use attachment if necessary)


ARTICLE V: Effective date, if other than the date of filing: 3-5-2019 (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.

MARWAN E. Porter

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)