

Florida Department of State  
 Division of Corporations  
 Electronic Filing Cover Sheet  
**L200000869493**

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((H20000086949 3)))



H200000869493ABC5

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To:

Division of Corporations  
 Fax Number : (850)617-6381

From:

Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPMAN & COHEN  
 Account Number : I20020000140  
 Phone : (561)844-3600  
 Fax Number : (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email Address: Coser561@icloud.com

FLORIDA LIMITED LIABILITY CO.  
 PORTOFINO 208, LLC

Certificate of Status	0
Certified Copy	0
Page Count	02
Estimated Charge	\$125.00

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Corporate Filing Menu

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\* Please keep original filing date.

## Confirmation Report - Memory Send

Time : 03-18-20 09:18am  
Tel line :  
Name :

Job number : 684  
Date : 03-18 08:16am  
To : 18506176381  
Document pages : 04  
Start time : 03-18 09:16am  
End time : 03-18 09:18am  
Pages sent : 04  
Status : OK

*March 18, 2020*

Job number : 684

\*\*\* SEND SUCCESSFUL \*\*\*

Division of Corporations

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Division of Corporations  
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TO: Division of Corporations  
Fax Number : (850)617-6381

FROM: Account Name : COHEN, NORRIS, WOLMER, RAY, TELEPHAN & COHEN  
Account Number : 320020000140  
Phone : (561)844-3800  
Fax Number : (561)842-4104

\*\*Enter the email address for this business entity to be used for future annual report mailings. Enter only one email address please.\*\*

Email address: CBSER961@icloud.com

FLORIDA LIMITED LIABILITY CO.  
PORTOFINO 208, LLC

Certificate of Status	0
Certified Copy	0
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Electronic Filing Menu

Corporate Filing Menu

Help

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## COVER LETTER

TO: New Filing Section  
Division of Corporations

SUBJECT: PORTOFINO 208, 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:

Karin Drakas

Name of Person

Cohen Norris Wolmer Ray Telepman Berkowitz Cohen

Firm/Company

712 U.S. Highway One, Suite 400

Address

North Palm Beach, FL 33408

City/State and Zip Code

coser561@icloud.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Karin Drakas

561

844-3600

at ( )

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  
The Centre of Tallahassee  
2415 N. Monroe Street, Suite 810  
Tallahassee, FL 32303

H20 0000 862495

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

PORTOFINO 208, 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:1801 S. Flagler Drive, Apartment 402  
West Palm Beach, FL 33401Mailing Address:1801 S. Flagler Drive, Apartment 402  
West Palm Beach, FL 33401**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:

Carla Coser

Name

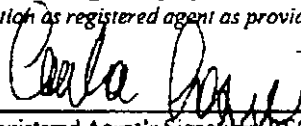
1801 S. Flagler Drive, Apartment 402Florida street address (P.O. Box **NOT** acceptable)West Palm BeachFL33401

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)

TALLAHASSEE, FLORIDA

2020 MAR 20 AM 9:01

C. J. L. C.

H20000869493

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

**Name and Address:**MGRCarla Coser1801 South Flagler Drive, Apartment 402West Palm Beach, FL 33401\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (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.

Carla Coser  
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)

RECEIVED  
TALLAHASSEE, FLORIDA

2020 MAR 20 AM 9:05

FILED