

# L20000231848

Florida Department of State  
Division of Corporations  
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To:

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

From:

Account Name : CLARA GIRALDO ENROLLED AGENT  
Account Number : I19990000017  
Phone : (305)485-9300  
Fax Number : (305)485-1098

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

Email Address: \_\_\_\_\_

**FLORIDA LIMITED LIABILITY CO.  
COSMIC TIRES, LLC.**

Certificate of Status	0
Certified Copy	1
Page Count	03
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20 AUG 10 AM 11:43

2020 AUG 10 AM 10:12

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

**COSMIC TIRES, LLC.**

**ARTICLE I - NAME**

The name of the Limited Liability Company is:

**COSMIC TIRES, LLC.**

**ARTICLE II - ADDRESS**

The principal office of the Limited Liability Company is:

**900 S LE JEUNE RD  
MIAMI, FL 33134**

The mailing address shall be:

**900 S LE JEUNE RD  
MIAMI, FL 33134**

**ARTICLE III - REGISTERED AGENT, REGISTERED OFFICE, & REGISTERED  
AGENT'S SIGNATURE:**

The name and the Florida street address of the registered agent are:

**JEAN PAUL COHEN**

**900 S LE JENUE RD**  
Florida Street address (P.O.BOX NOT acceptable)  
**MIAMI, FL 33134**  
City, State, and Zip

20 AUG 10 AM 11:45

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.

*Jean Cohen*

REGISTERED AGENT'S SIGNATURE

#### ARTICLE IV- MANAGEMENT

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

JEAN PAUL COHEN  
11600 SW 156 CT  
MIAMI, FL 33196

MANAGER

KATHERINE COHEN  
10754 SW 190ST  
MIAMI, FL 33157

MANAGER

*Jean Cohen*

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

(In accordance with section 605.0203(1)(b), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true.)

JEAN PAUL COHEN

Typed or printed name of signee