

L220000001132

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP

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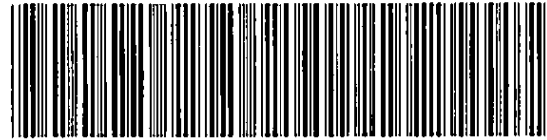
(Business Entity Name)

(Document Number)

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ALL INFORMATION

2022 JAN -3 PM 1:42

SECRETARY OF STATE

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SECRETARY OF STATE
TALLAHASSEE, FL

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FLORIDA FILING & SEARCH SERVICES, INC.

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155 Office Plaza Dr Ste A Tallahassee FL 32301

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DATE: 01-03-22

NAME: COHEN WESLACO TEXAS LLC

TYPE OF FILING: ARTICLES OF ORGANIZATION

COST: 125.00

RETURN: PLAIN COPY PLEASE

ACCOUNT: FCA000000015

AUTHORIZATION: ABBIE/PAUL HODGE

Abbie Hodge

COVER LETTER

**TO: New Filing Section
Division of Corporations**

SUBJECT: Cohen Weslaco Texas 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:

Endia J. Vereen, Esquire

Name of Person

Stephoe & Johnson, PLLC

Firm/Company

500 Grant Street, Suite 4940

Address

Pittsburgh, PA 15219

City/State and Zip Code

endia.vereen@stephoe-johnson.com

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

For further information concerning this matter, please call:

Endia J. Vereen 412 504-8056
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

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SECRETARY OF STATE
TALLAHASSEE, FL

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cohen Weslaco Texas 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:

13701 North Kendall Drive, Suite 204
Miami, FL 33186

Mailing Address:

13701 North Kendall Drive, Suite 204
Miami, FL 33186

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.)

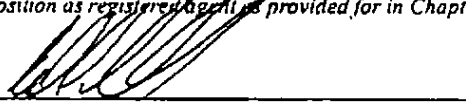
The name and the Florida street address of the registered agent are:

Richard I. Cohen
Name

13701 North Kendall Drive, Suite 204
Florida street address (P.O. Box **NOT** acceptable)

Miami Florida 33186
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)

