

L22000021148

1/6/2022

Division of Corporations

Florida Department of State
Division of Corporations
Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

((H22000007247 3)))



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

From: Account Name : COGENCY GLOBAL, INC.
Account Number : I20000000088
Phone : (800)221-0102
Fax Number : (800)944-6607

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.
Hernandez, Levy & Citron, PLLC

Certificate of Status	0
Certified Copy	1
Page Count	03

HL

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2022 JAN 19 PM 3:50

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1/6/2022

Division of Corporations

Estimated Charge	\$155.00
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Corporate Filing Menu

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FLORIDA DEPARTMENT OF STATE
Division of Corporations

January 10, 2022

COGENCY GLOBAL

SUBJECT: HERNANDEZ, LEVY & CITRON, PLLC
REF: W22000002088

We received your electronically transmitted document. However, the document has not been filed. Please make the following corrections and refax the complete document, including the electronic filing cover sheet.

The specific purpose of the entity must be set forth in the document.

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.

Tammi Cline
Regulatory Specialist II Supervisor

FAX Aud. #: E22000007247
Letter Number: 922A00000733

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TALLAHASSEE, FLORIDA

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COVER LETTER

TO: New Filing Section
Division of Corporations

SUBJECT: Hernandez, Levy & Citron, PLLC
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:

Ely R. Levy, Esq.

Name of Person

Levy & Partners, PLLC

Firm/Company

3230 Stirling Road, Suite 1

Address

Hollywood, Florida 33021

City/State and Zip Code

elvy@lawlp.com

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

For further information concerning this matter, please call:

<u>David Feins</u>	<u>518</u>	<u>213-0808</u>
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

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Hernandez, Levy & Citron, PLLC

(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:

3230 Stirling Road, Suite 1
Hollywood, Florida 33021

3230 Stirling Road, Suite 1
Hollywood, Florida 33021

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:

Ely R. Levy

Name

3230 Stirling Road, Suite 1

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

Hollywood

Florida

33021

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.

[Signature]
Registered Agent's Signature (REQUIRED)

(CONTINUED)

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TALLAHASSEE, FLORIDA

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ARTICLE IV-

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

<u>Title:</u>	<u>Name and Address:</u>
"AMBR" = Authorized Member "MGR" = Manager	
<u>Michael A. Citron, MC</u>	<u>4601 Sheridan Street, Suite 205</u> <u>Hollywood, Florida 33021</u>
<u>Ely R. Levy, MGR</u>	<u>3230 Stirling Road, Suite 1</u> <u>Hollywood, Florida 33021</u>
<u>Igor Hernandez, MGR</u>	<u>345 Palermo Avenue</u> <u>Coral Gables, FL 33134</u>

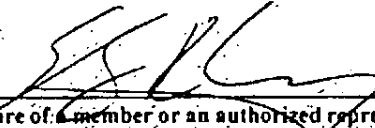
(Use attachment if necessary)

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: The entity's purpose is NAICS Code 54110: Offices of Lawyers

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.

Ely R. Levy
 Typed or printed name of signee

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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)