Division of Corporations Electronic Filing Cover Sheet

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(((H220000600213)))



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To:

Division of Corporations

: (850)617-6381

From:

Account Name : RASI

Account Number : I20220000023 Phone : (800)221-2972 Fax Number : (917)243-5843

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. Cohen S 3911 LLC

Certificate of Status	0
Certified Copy	0
Page Count	01
Estimated Charge	\$125.00

Electronic Filing Menu Corporate Filing Menu



ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

	ne Limited Liability Company is:	
<u>Co</u>	hen S 3911 LLC	
	(Must contain the words "Limited Liability Con	npany, "L.L.C.," or "LLC.")
RTICLEII	- Address:	
he mailing ac	dress and street address of the principal office of the L	limited Liability Company is:
	Principal Office Address:	Mailing Address:
97	Beach Road	
Gr	eat Neck, NY 11023	
	l - Registered Agent, Registered Office, & Registere	
	Liability Company cannot serve as its own Registered A	Agent. You must designate an individual of
	essentity with an active Florida registration.)	· · · · · · · · · · · · · · · · · · ·
nother busin		
	the Florida street address of the registered agent are:	

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 fumiliar with and accept the obligations of my position as registered agent as provided for in Chapter 605, F.S..

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

FLORIDA

State

33130

Zip

1300 S Miami Avenue Apt 3911

City

Miami

Registered Agent's Signature (REQUIRED)

(CONTINUED)

ARTICLE IV-

\$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)

. . . .

		Name and Address:
	Authorized Member	
",MGR" = 1	Manager	
MGR		David Cohen
		97 Beach Road
		Great Neck, NY 11023
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CLE V: Effect	ment if necessary) tive date, if other than t is listed, the date must	he date of filing:
CLE V: Effect effective date ite of filing.) If the date ins cument's effect	tive date, if other than the listed, the date must seried in this block does tive date on the Departure of the date on the Departure date of the Departure	the date of filing:
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CLE V: Effect effective date ite of filing.) If the date insocument's effect CLE VI: Other	seried in this block does tive date on the Departure of the Signature of This document is I am aware that as	is not meet the applicable statutory filing requirements, this date will not be attment of State's records. State's records. If a member or an authorized representative of a member, executed in accordance with section 605.0203 (1) (b), Florida Statutes, my false information submitted in a document to the Department of State degree felony as provided for in s.817.155, F.S.