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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.

(((H22000236514 3)))



H220002365143ABCZ

Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

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: KDQ. Cohen Norris.com

## FLORIDA LIMITED LIABILITY CO.

FLORIDA CA, LLC

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

22 JUL 12 PH 12: 35
SECRETARY OF STATE
TALLAHASSEE, FLORID

Electronic Filing Menu

Corporate Filing Menu

Help

### **COVER LETTER**

TO: New Filing So Division of C			
FLORIDA SUBJECT:	A CA, LLC		
SUBJECT:	Name of Lim	ited Liability Company	
The enclosed Articles of	of Organization and fec(s) are	submitted for filing.	
Please return all corres	pondence concerning this ma	iter to the following:	
TAYLOR	L. NORRIS, ESQ.		
		Name of Person	
Cohen Nor	nis Wolmer Ray Telepman B	erkoswitz Cohen	
<del></del> .		Firm/Company	
712 U.S. H	lighway Onc, Suite 400		
		Address	
North Palm	a Beach, Florida 33408		
		ity/State and Zip Code	<del>-,</del>
KD@Cohen		<u> </u>	· · · · · · · · · · · · · · · · · · ·
	E-mail address: (to be used	for future annual report notificat	ion)
For further information of	concerning this matter, please	call:	
Karin Drak	as 56 at (	1 844-3600	
Na	me of Person Ar	rea Code Daytime Telephon	ne Number
Enclosed is a check for	the following amount:		
<b>≦\$</b> 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)
Mail	ine Address	Street Address	72 SE

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

# H220002365143

## ARTICLES OF ORGANIZATION FUR FLORIDA LIMITED LIABILITY COMPANY

ARTICI	ĿΙ	- Na:	m¢:
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The name of the Limited Liability Company is:

FLORIDA CA, 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	Addrage
rrincipal	VIIICC	MUUI CSS.

#### Mailing Address:

4720 NW 85th Avenue	4720 NW 85th Avenue	
Apt. 311	Apt. 311	
Doral, FL 33166	Doral, FL 33166	

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:

Cohen Norris Wolmer Ray Telepman Berkowitz & Cohen

Name

712 U.S. Highway One, Suite 400

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

North Palm Beach FL 33408
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..

egistered Agent's Signature (REQUIRED

(CONTINUED)

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# #220002365143

ARTICLE IV-

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

(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	Title:  "AMBR" = Authorized Members  "MGR" = Manager	Name and Address: er		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:	MGR	4720 NW 85th Avenue, Apt #311		
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:				
(Use attachment if necessary)  CLE V: Effective date, if other than the date of filing:				
REQUIRED SIGNATURE:  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. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State. I am aware that any false information submitted in a document to the Department of State.  Typed or printed name of signee  Filling Fees:  \$125.00 Filling Fee for Articles of Organization and Designation of Registered Agent.				
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