## artment of State

Division of Corporations **Electronic Filing Cover Sheet** 

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## FLORIDA LIMITED LIABILITY CO. LONG ROAD OPERATING COMPANY, LLC

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H22000321394

## **COVER LETTER**

	Division of Co					
SUBJEC	Long Road	d Operating Compar	y, LLC			
00000		Name	of Limited	Liability Company		
The enclo	osed Articles of	Organization and fo	e(s) are sub	mitted for filing.		
Please re	turn all corresp	ondence concerning	this matter t	o the following:		
	Seth G. Cob	en				
	<del></del>		Na	ime of Person	<u>-</u>	_
	SECO Tax,	LLC				
		<del>.</del>	Fi	rm/Company		_
	8551 W. Su	nrise Blvd, Suite 300	)			
	-			Address		_
	Plantation, F	L 33322				
			City/St	ate and Zip Code		_
	sethcohen@se	<del></del>				_
				uture annual report notificat	100)	
or further	information co	ncerning this matter	, piease call:			
	Seth Cohen		203 at (	521-0015 )		<b>22</b> S
	Nam	ne of Person	Area C	ode Daytime Telephor	ic Number	, 무 -:
	100					16 PH
Enclosed	is a check for t	he following amoun	::		i.i.	· •
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		ox 6327	1	2415 N. Monroe Stre		
	Tallah	assee, FL 32314		Tallahassee, FL 3230	13	

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The name of the Limited Liability Company is:    Long Road Operating Company. LLC	ARTICLE I - Name:				
(Must contain the words "Limited Liability Company, "L.L.C." or "LLC.")  RTICLE II - Address: he mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    Mailing Address:   Mailing Address:   Mailing Address:		bility Company is:			
RTICLE 11 - Address:  the mailing address and street address of the principal office of the Limited Liability Company is:  Principal Office Address:    Mailing Address:   Mailing Address:					
Principal Office Address:  Principal Office Address:  Mailing Agent's Signature:  Mailing Agent's Mailing Agent's Agent's Agent's Agent's Agent's Agent's Agen	(Must o	contain the words "Limited	Liability Company, "	L.L.C.," or "LLC.")	
3323 NE 163rd Suite 403 N. Miami, FL 33160  RTICLE 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 other business entity with an active Florida registerion.  Seth G. Cohen  Name  8551 W. Sunrise Blvd, Suite 300 Florida street address (P.O. Box NOT acceptable)  Plantation Florida 33322  City State Zip  Sing been named as registered agent and to accept service of process for the above stated limited liability company at the extensionated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I there agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position at registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  Str. Str. Str. Str. Str. Str. Str. Str.		et address of the principal	office of the Limited I	Liability Company is:	
Suite 403 N. Miami, FL 33160  RTICLE 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 other business entity with an active Florida registered agent are:    Seth G. Cohen	Prin	cipal Office Address:		Mailing Addr	<u>tss</u> :
N. Miami, FL 33160  RTICLE III - Registered Agent, Registered Office, & Registered Agent. Signature: the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registered agent are:    Seth G. Cohen	3323 NE 163rd		Same		
RTICLE 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 other business entity with an active Florida registration.)  the name and the Florida street address of the registered agent are:  Seth G. Cohen  Name  8551 W. Sunrise Blvd, Suite 300  Florida street address (P.O. Box NOT acceptable)  Plantation  Florida 33322  City State Zip  Therefore a sergistered agent and to accept service of process for the above stated limited liability company at the set designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I have agree to comply with the provisions of all stantes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position at registered agent as provided for in Chapter 605, F.S.  Registered Agent's Signature (REQUIRED)  Str. S.  Registered Agent's Signature (REQUIRED)					<del>·········</del>
the Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or other business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:    Seth G. Cohen	N. Miami, FL 33	160			
Name  8551 W. Sunrise Blvd, Suite 306  Florida street address (P.O. Box NOT acceptable)  Plantation Florida 33322  City State Zip  Sing been named as registered agent and to accept service of process for the above stated limited liability company at the re designated in this certificate. I hereby accept the appointment as registered agent and agree to act in this capacity. I her agree to comply with the provisions of all statutes relating to the proper and complete performance of my duties, and I familiar with and accept the obligations of my position at registered agent as provided for in Chapter 605, F.S.  Represent a Signature (REQUIRED)  Signature (REQUIRED)  Signature (REQUIRED)  Signature (REQUIRED)		eet address of the registere			
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<u>Title:</u> "AMBR" = A "MGR" = Ma	uthorized Member	Name and Address:	
AMBR	-	Isaac Moiseg Sultan Cohen 3323 NE 163rd. Suite 403 N. Miami. FL 33160	
-	<del></del>		
CLEV: Effective	ent if necessary)	te of filing:	00 4
CLE V: Effective effective date is te of filing.) If the date inser	e date, if other than the da listed, the date must be s	specific and cannot be more than five business days prior to t meet the applicable statutory filing requirements, this date w	or 90 day
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