

M19000010036

(Requestor's Name)

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(Business Entity Name)

(Document Number)

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W19000087263

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TALLAHASSEE, FLORIDA

Y SCOTT

OCT 19 2019

✓



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

September 26, 2019

SHELIA FYFE  
9 CONNEMARA COURT  
SARATOGA SPRINGS, NY 12866

SUBJECT: COHEN-FYFE COMMUNICATIONS, LLC  
Ref. Number: W19000087263

We have received your document for COHEN-FYFE COMMUNICATIONS, LLC and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

A certificate of existence or a certificate of good standing, dated no more than 90 days prior to the delivery of the application to the Department of State, duly authenticated by the secretary of state or other official having custody of the records in the jurisdiction under the laws of which it is incorporated/organized, must be submitted to this office. A translation of the certificate under oath of the translator must be attached to a certificate which is in a language other than the English language. A photocopy of this certificate is not acceptable.

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) 245-6051.

Yvette Scott  
Document Specialist II

Letter Number: 719A00019981

**SheilaFyfe**  
writer/editor

October 10, 2019

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TALLAHASSEE, FLORIDA

Ms. Yvette Scott, Document Specialist II  
Florida Department of State  
Division of Corporations  
PO Box 6327  
Tallahassee, FL 32314

Ref: Letter Number 719A00019981

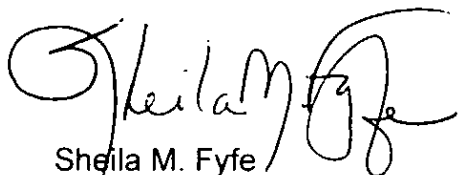
Dear Ms. Scott:

Enclosed please find the New York State Certificate of Existence for Cohen-Fyfe Communications, LLC, which I forgot to include with my Foreign Agent Registration.

This is the certificate provided to me by our attorney here in New York, who sent it to me via email. Please let me know if I should forward it electronically as well as sending it in hard copy.

Thank you very much for your assistance.

Sincerely,



Sheila M. Fyfe  
Cohen-Fyfe Communications, LLC  
[smfyfe@cohenfyfecom.com](mailto:smfyfe@cohenfyfecom.com)

Enclosures

COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: Cohen-Fyfe Communications, LLC  
Name of Limited Liability Company

The enclosed "Application by Foreign Limited Liability Company for Authorization to Transact Business in Florida," Certificate of Existence, and check are submitted to register the above referenced foreign limited liability company to transact business in Florida.

Please return all correspondence concerning this matter to the following:

Sheila Fyfe  
Name of Person  
Cohen-Fyfe Communications, LLC  
Firm/Company  
9 Connemara Court  
Address  
Saratoga Springs, NY 12866  
City/State and Zip Code  
smtfyfe @ cohenfyfe.comm.com  
E-mail address: (to be used for future annual report notification)

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For further information concerning this matter, please call:

Sheila Fyfe at ( 518 ) 450-1266  
Name of Contact Person Area Code Daytime Telephone Number

**MAILING ADDRESS:**

Division of Corporations  
Registration Section  
P.O. Box 6327  
Tallahassee, FL 32314

**STREET ADDRESS:**

Division of Corporations  
Registration Section  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301

Enclosed is a check for the following amount:

Please make check payable to: **FLORIDA DEPARTMENT OF STATE**

☒ \$125.00 Filing Fee

☐ \$130.00 Filing Fee &  
Certificate of Status

☐ \$155.00 Filing Fee &  
Certified Copy

☐ \$160.00 Filing Fee, Certificate  
of Status & Certified Copy

APPLICATION BY FOREIGN LIMITED LIABILITY COMPANY FOR AUTHORIZATION TO TRANSACT BUSINESS  
IN FLORIDA

IN COMPLIANCE WITH SECTION 605.06, FLORIDA STATUTES THE FOLLOWING IS SUBMITTED TO REGISTER A FOREIGN LIMITED LIABILITY  
COMPANY TO TRANSACT BUSINESS IN THE STATE OF FLORIDA.

1. Cohen-Fyte Communications, LLC

(Name of Foreign Limited Liability Company, must include "Limited Liability Company," "LLC," or "LLP")

N/A

(If name unavailable, enter alternate name adopted for the purpose of transacting business in Florida. The alternate name must include "Limited Liability Company," "LLC," or "LLP")

2. New York

(Jurisdiction under the law of which foreign limited liability company is organized)

3. 82-2485447

(FBI number, if any)

4. \_\_\_\_\_  
(Date first transacted business in Florida, if prior to registration)

(See sections 605.0604 & 605.0605, F.S. to determine priority liability)

5. A Commemora Court

(Name Address of Principal Office)

6. (same)

(Mailing Address)

Saratoga Springs, NY

12866

7. Name and street address of Florida registered agent. (P.O. Box NOT acceptable)

Name:

DCD Tax Service, Inc. — Vikki Tucker

Office Address:

130 North Tropical Trail

Merritt Island

(City)

Florida

32953

(Zip code)

Registered agent's acceptance:

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 application, 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 relative to the proper and complete performance of my duties, and I am familiar with and accept the obligations of my position as registered agent.

Vikki Tucker

(Registered agent's signature)

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8. For initial indexing purposes, list names, title or capacity and addresses of the primary members/managers or persons authorized to manage [up to six (6) total]:

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Mark Cohen

☐ Member Address: 9 Cornemara Ct

☐ Authorized Saratoga Springs, NY

Person 12866

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Title or Capacity:** **Name and Address:**

☒ Manager Name: Sheila Fyfe

☐ Member Address: 9 Cornemara Ct

☐ Authorized Saratoga Springs, NY

Person 12866

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

☐ Manager Name: \_\_\_\_\_

☐ Member Address: \_\_\_\_\_

☐ Authorized \_\_\_\_\_

Person \_\_\_\_\_

☐ Other \_\_\_\_\_ ☐ Other \_\_\_\_\_

**Important Notice:** Use an attachment to report more than six (6). The attachment will be imaged for reporting purposes only. Non-indexed individuals may be added to the index when filing your Florida Department of State Annual Report form.

9. Attached is a certificate of existence, no more than 90 days old, duly authenticated by the official having custody of records in the jurisdiction under the law of which it is organized. (If the certificate is in a foreign language, a translation of the certificate under oath of the translator must be submitted)

10. 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.

Sheila M. Fyfe  
Signature of an authorized person

Sheila M. Fyfe  
Typed or printed name of signer

**State of New York  
Department of State } ss:**

I hereby certify, that COHEN-FYFE COMMUNICATIONS, LLC a NEW YORK Limited Liability Company filed Articles of Organization pursuant to the Limited Liability Company Law on 08/14/2017, and that the Limited Liability Company is existing so far as shown by the records of the Department. I further certify the following:

A Certificate of Amendment was filed on 10/13/2017.

A Certificate of Publication of COHEN-FYFE COMMUNICATIONS, LLC was filed on 11/22/2017.

A Biennial Statement was filed 08/01/2019.

I further certify, that no other documents have been filed by such Limited Liability Company.

\*\*\*

Witness my hand and the official seal of the Department of State at the City of Albany, this 21st day of August two thousand and nineteen.

*Brendan C. Hughes*

Brendan C. Hughes  
Deputy Secretary of State



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