

L04000077428

Page 1 of 1

Florida Department of State  
Division of Corporations  
Public Access System

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.**

(((H04000212423 3)))

**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) 205-0383

From:  
Account Name : HUBCO  
Account Number : 104662003400  
Phone : (516) 935-3940  
Fax Number : (516) 935-3088

RECEIVED  
04 OCT 25 PM 12:20  
DIVISION OF CORPORATION

**LIMITED LIABILITY COMPANY**

**Cockerham LLC**

Certificate of Status	1
Certified Copy	0
Page Count	023
Estimated Charge	\$130.00

RECEIVED  
OCT 25 AM 10:00  
DIVISION OF CORPORATION

Name Availability	
Document Examiner	
Updater	DCC
Checker	DCC
Reviewer	DCC
Analyst	DCC

**Electronic Filing Menu**

**Corporate Filing**

**Public Access Help**



ARTICLES OF ORGANIZATION  
FOR  
FLORIDA LIMITED LIABILITY COMPANY

## ARTICLE I - Name

The name of the Limited Liability Company is: **Cockerham LLC**

## ARTICLE II - Address

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:4862 Calasans AvenueSt. Cloud, FL 34771Mailing Address:4862 Calasans AvenueSt. Cloud, FL 34771

## ARTICLE III - Registered Agent, Registered Office &amp; Registered Agent's Signature

The name and Florida street address of the registered agent are:

Julie Arzuza

Name

4862 Calasans Avenue(P.O. Box or Mail Drop Box NOT Acceptable)St. Cloud, FL 34771

(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 608, F.S.

  
Registered Agent's Signature - Julie ArzuzaTALLAHASSEE, FL 32301  
SECRETARY OF STATE

2009 OCT 25 A 10:02

FBI 270



## ARTICLE IV - Manager(s) or Managing Member(s):

The name and address of each Manager or Managing Member is as follows:

Title:Name and Address:

"MGR" = Manager

"MGRM" = Managing Member

MGRMRoger D. Cockerham Jr.- 4862 Calasans Avenue, St. Cloud, FL 34771MGRMEmily Cockerham- 4862 Calasans Avenue, St. Cloud, FL 34771

(Use attachment if necessary)

## REQUIRED SIGNATURE:

Roger D. Cockerham Jr.  
 Signature of a member or authorized representative of a member.

( In accordance with section 608.408(3), Florida Statutes, the execution of this document constitutes an affirmation under the penalties of perjury that the facts stated herein are true. )

Roger D. Cockerham Jr.

Typed or printed name of signee

FILED  
 201 OCT 25 A 10:02  
 SECRETARY OF STATE  
 TALLAHASSEE, FLORIDA