

L16000/52403

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

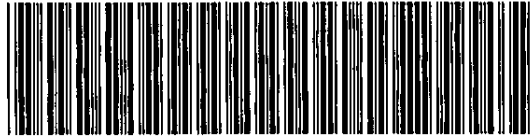
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

Special Instructions to Filing Officer:  
  
*W16-53477*

Office Use Only



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07/25/16--01008--010 \*\*125.00

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2016 AUG 15 PM 3:45  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

*will*

**COVER LETTER**

**TO: Registration Section  
Division of Corporations**

**SUBJECT:** Cotton Seeds Management, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

Om Kapoor / BABALJIT VANDER  
Name of Person

\_\_\_\_\_  
Firm/Company

10981 Hickory Trace Lane  
Address

Jacksonville, FL 32256  
City/State and Zip Code

o\_kapoor@hotmail.com / bjvander1271@yahoo.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Chantel Lofthouse                      800                      375-2453  
\_\_\_\_\_  
Name of Person                      Area Code                      Daytime Telephone Number

Enclosed is a check for the following amount:

- \$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)

**Mailing Address**  
New Filing Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

**Street Address**  
New Filing Section  
Division of Corporations  
Clifton Building  
2661 Executive Center Circle  
Tallahassee, FL 32301



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 2, 2016

OM KAPOOR/ BABALJIT VANDER  
10981 HICKORY TRACE LANE  
JACKSONVILLE, FL 3225

SUBJECT: COTTON SEEDS MANAGEMENT, LLC  
Ref. Number: W16000053477

We have received your document for COTTON SEEDS MANAGEMENT, 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):

Please list only one registered agent and remove the other.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring  
Regulatory Specialist II  
New Filing Section

Letter Number: 416A00016170

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

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Cotton Seeds Management, LLC

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC")

CLERK OF STATE  
TALLAHASSEE, FLORIDA

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

10981 Hickory Trace Lane  
Jacksonville, FL 32256

10981 Hickory Trace Lane  
Jacksonville, FL 32256

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:

Om Kapoor  
Name

10981 Hickory Trace Lane  
Florida street address (P.O. Box **NOT** acceptable)

Jacksonville                      FL                      32256  
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.*

  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

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

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

**Name and Address:**

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Om Kapoor  
10981 Hickory Trace Lane  
Jacksonville, FL 32256

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

AMBR

Babaljit Vander  
10981 Hickory Trace Lane  
Jacksonville, FL 32256

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: \_\_\_\_\_ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



**Signature** of a member or an authorized representative of a member.

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.

Om Kapoor

Typed or printed name of signee

**Filing Fees:**

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)