# L19000219650

(Requestor's Name)
(Address)
(Address)
(Address)
(City/State/Zip/Phone #)
PICK-UP WAIT MAIL
(Business Entity Name)
(Eddinos Emily Hame)
(Document Number)
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FILING CANCELLED
DUE TO RETURNED CHECK

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SECRETARY OF STATE

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### **COVER LETTER**

# FILING CANCELLED DUE TO RETURNED CHECK

TO: New Filing Section Division of Corporations
SUBJECT: COHOM VIN 15 LUC, 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:
Shiloh Donaldson Name of Person
Firm/Company
10010 Syracuse Lone april 2-102
Estero, Fl ; 33967  City/State and Zip Code  Cotton Uny 15 T (a) Gmail Com  E-mail address: (to be used for future annual report notification)
For further information concerning this matter, please call:
Shiloh Denaldan 954 G95 -9254  Name of Person Area Code Daytime Telephone Number
Enclosed is a check for the following amount:  \$125.00 Filing Fee \$\text{S130.00 Filing Fee & Certificate of Status}\$\$  Certificate of Status & Certified Copy (additional copy is enclosed)  \$160.00 Filing Fee. Certified Copy (additional copy is enclosed)
Mailing Address  New Filing Section  Division of Corporations  Street Address  New Filing Section  Division of Corporations

P.O. Box 6327 Tallahassee, FL 32314

TO:

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

# FILING CANCELLED DUE TO RETURNED CHECK

#### ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

(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:

Frincipa	I Office Address:		<u>Ma</u>	iling Address:		
			00/0 53967	Syracus, Cs Ino.	<del></del>	ونده
ARTICLE III - Registered Ager (The Limited Liability Company of another business entity with an ac	annot serve as its own R	egistered Agent, '	nt's Signature You must desig	: gnate an individu	TALL/LIV	ายย ลับษ์ 29
The name and the Florida street a	ddress of the registered a	gent are:			# 장 (*)	
	Jh.10h	<u>, Do</u>	nald	son	in 5. in o	2 E 12
	i	Name		<del></del>	프롤	1 0
	10010	) Syl	ruse	Lane 1	AP.4. 12-10	
	Florida street address (	P.O. Box <u>SO1</u> ac	eceptable)	. —		
	<u>C5 +110</u>	FI_	<u> 53°</u>	16#		
	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)

## FILING CANCELLED DUE TO RETURNED CHECK

ARTICLE IV-

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

Title: "AMBR" = Authorized Member "MGR" = Manager	Name and Address:
[Alaron]	
Amor	Louis Destouches  10CC2 Sylvinge King 33(6) Eskin H AGIN.
ine date of ming.)	fic and cannot be more than five business days prior to or 90 days after at the applicable statutory filing requirements, this date will not be lightly as
REQUIRED SIGNATURE:	PAIZ: 26 SSEE, FL
I his document is executed I am aware that any false in constitutes a third degree fe	in accordance with section 605.0203 (1) (b), Florida Statutes, formation submitted in a document to the Department of State clony as provided for in s.817.155, F.S.  Deslowers  Typed or printed name of signee
	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)

S 5.00 Certificate of Status (Optional)