

L05000000492

(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:

Name
Availability

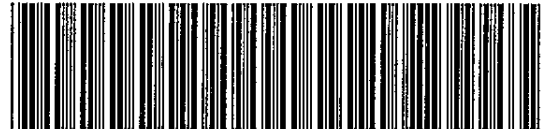
Document
Examiner DCC

Updater DCC Office Use Only

Updater
Verifier DCC

Acknowledgement DCC

W. P. Verifier DCC



600042996446

12/27/04--01055--017 **130.00

EFFECTIVE DATE
1/1/05

12/27/04 2:53

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations

SUBJECT: COZY COVEY, 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:

STEPHANIE HOLMQUIST
(Name of Person)

COZY COVEY, LLC
(Firm/Company)

P.O. BOX 2595
(Address)

PALM CITY, FL 34991
(City/State and Zip Code)

For further information concerning this matter, please call:

STEPHANIE HOLMQUIST at (772) 532-3627
(Name of Person) (Area Code & Daytime Telephone Number)

STREET ADDRESS:
Registration Section
Division of Corporations
409 E. Gaines Street
Tallahassee, Florida 32399

MAILING ADDRESS:
Registration Section
Division of Corporations
P.O. Box 6327
Tallahassee, Florida 32314

10-17-97 P 3:53

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

ARTICLE I - Name:

The name of the Limited Liability Company is:

COZY COVEY, LLC

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:

P.O. BOX 2595

P.O. BOX 2595

PALM CITY, FL 34991

PALM CITY, FL 34991

ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:

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

STEPHANIE HOLMQUIST

Name

3176 SW ARECA DR

Florida street address (P.O. Box **NOT** acceptable)

PALM CITY

FLORIDA 34990

City, State, and 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, Florida Statutes..


Registered Agent's Signature

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

MGRM

Stephanie Holmquist
P.O. Box 2595
Palm City, FL 34991

ARTICLE V – Effective Date

The Articles of Organization shall be effective as of January 1, 2005.

REQUIRED SIGNATURE:



Signature of a member or an 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.)

STEPHANIE HOLMQUIST

Typed or printed name of signee

Filing Fees:

\$100.00 Filing Fee for Articles of Organization

\$ 25.00 Designation of Registered Agent

\$ 30.00 Certified Copy (Optional)

\$ 5.00 Certificate of Status (Optional)

FILED
JAN 11 2005
CLERK OF CIRCUIT COURT
IN AND FOR THE
STATE OF FLORIDA
TALLAHASSEE
COUNTY