

L05000010787

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

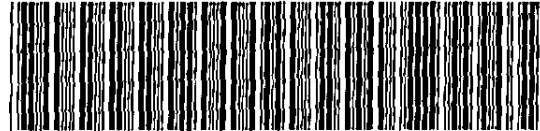
(Document Number)

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

Special Instructions to Filing Officer:

AK

Office Use Only



600045695746

11/12/15--01096--0000--\*\*35.00

11/12/15--01096--0000--\*\*35.00

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

05 FEB -2 PM 2:04

FILED

DEPT. OF STATE  
TALLAHASSEE, FLORIDA

15 FEB -2 AM 11:53

RECEIVED

# CAPITAL CONNECTION, INC.

417 E. Virginia Street, Suite 1 • Tallahassee, Florida 32301  
(850) 224-8870 • 1-800-342-8062 • Fax (850) 222-1222

*Cockeyed Bull, LLC*

FILED  
05 FEB -2 PM 2:04  
TALLAHASSEE, FLORIDA

- ☐ Art of Inc. File
- ☐ LTD Partnership File
- ☐ Foreign Corp. File
- ☒ L.C. File
- ☐ Fictitious Name File
- ☐ Trade/Service Mark
- ☐ Merger File
- ☐ Art. of Amend. File
- ☐ RA Resignation
- ☐ Dissolution / Withdrawal
- ☐ Annual Report / Reinstatement
- ☒ Cert. Copy
- ☒ Photo Copy
- ☐ Certificate of Good Standing
- ☐ Certificate of Status
- ☐ Certificate of Fictitious Name
- ☐ Corp Record Search
- ☐ Officer Search
- ☐ Fictitious Search
- ☐ Fictitious Owner Search
- ☐ Vehicle Search
- ☐ Driving Record
- ☐ UCC 1 or 3 File
- ☐ UCC 11 Search
- ☐ UCC 11 Retrieval

Signature

Requested by:

*WL* *2/2* *11:00*

Name

Date

Time

Walk-In

Will Pick Up

Courier

**ARTICLES OF ORGANIZATION**

**OF**

**COCKEYED BULL, LLC**

(A Florida Limited Liability Company)

**FILED**  
05 FEB -2 PM 2:04  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

The undersigned adopts the following Articles of Organization for the purpose of becoming a Limited liability Company, under the Florida Limited Liability Company Act.

1. **Name.** The name of the Limited Liability Company is:

**COCKEYED BULL, LLC**

2. **Term.** The duration of this Company shall be perpetual, unless earlier dissolved as provided by the Operating Agreement.

3. **Purpose.** The business of the Company is to engage in any lawful act or activity which may be carried on by a limited liability company under the Laws of the State of Florida, or the laws of any other State or jurisdiction in which the company may conduct its business.

4. **Addresses:** The mailing address and the street address so the principle office of the Company shall be:

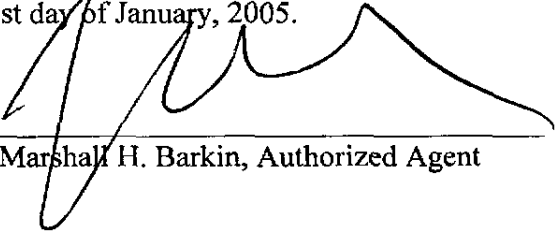
395 Country Circle  
Port Orange, FL 32128

5. **Registered Agent.** The name of the Company's initial registered agent in the State of Florida is Marshall H. Barkin, and the address of the Company's registered office in Florida is 149 S. Ridgewood Ave., Suite 710, Daytona Beach, FL 32114

6. **Management.** The Company is to be managed by a Managing Member in accordance with the Operating Agreement adopted by its Members for the management of the business and affairs of the company. The name and address of the initial Managing Member is:

R. Keith Stevens  
395 Country Circle  
Port Orange, FL 32128

IN WITNESS WHEREOF, for the purpose of forming a limited liability company in accordance with the requirements of the Florida Limited Liability Company Act, the undersigned has executed these Articles of Organization n this 31st day of January, 2005.

  
\_\_\_\_\_  
Marshall H. Barkin, Authorized Agent

\*\*\*\*\*

**CERTIFICATE OF REGISTERED AGENT  
AND REGISTERED OFFICE**

In accordance with Section 608.415 of the Florida Limited Liability Company Act, the undersigned, who is named as the Registered Agent in the above Articles of Organization, hereby consents to accept service of process for the Company at 149 S. Ridgewood Avenue, Suite 710, Daytona Beach, Florida 32114, and accepts the appointment as registered agent and agrees to act in that capacity.

Date: January 31, 2005.

  
\_\_\_\_\_  
Marshall H. Barkin