L05000028360

(Re	equestor's Name)	
(Address)		
(Ad	dress)	
(Cit	ry/State/Zip/Phone #)	
PICK-UP	WAIT MAIL	
(Business Entity Name)		
(Document Number)		
Certified Copies	Certificates of Status	
Special Instructions to Filing Officer:		

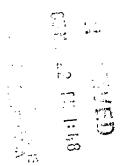
Office Use Only



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CORPORATE		
ACCESS, INC. P.O. Box 3706	236 East 6th Avenue . Tallahassee, Florida 3230 66 (32315-7066) ~ (850) 222-2666 or (800) 969-	
	WALK IN CK UP 3 22	MAR 22 P
CERTIFIED COPY	cus	CF STA
/ РНОТО СОРУ	FILING	<u> </u>
CO COON LLC ORPORATE NAME & DOCUMENT #)		
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ORPORATE NAME & DOCUMENT #)		
CORPORATE NAME & DOCUMENT #)		
CIAL INSTRUCTIONS		

8506687839

ARTICLE I - Name:	
The name of the Limited Liability Comp	pany is:
Cocoon, LLC	
ARTICLE II - Address:	
The mailing address and street address o	of the principal office of the Limited Liability Con
Principal Office Address:	Mailing Address:
775 Gulf Shore Drive, #4219	775 Gulf Shore Drive, #4219
Destin, FL 32541	Destin, FL 32541

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, F.S..

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

Registered Agent's Signature

Destin, FL 32541

(CONTINUED)

Page 1 of 2

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

8506687839

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

Title: "MGR" = Manager "MGRM" - Managing Member	Name and Address:
MGRM	John E. Gillesple
	775 Gulf Shore Drive, #4219
	Destin, FL 32541
g-transaction of the state of t	6.000 cm
	Material Material Control of the Con
(Use attachment if necessary)	
NOTE: An additional article must	be added if an effective date is requested.
REQUIRED SIGNATURE:	
Doles	Q Dillerson
Signature of a member	or an authorized representative of a member.
(In accordance with second this document constitution that the facts stated he	tion 608.408(3) Florida Statutes, the execution unter an affirmation under the penalties of perjury trein are true.)
John E Gillespie	·
Тур	ed or printed name of signee
Filing Fees:	

\$125.00 Fling Fee for Articles of Organization and Designation of Registered Agent 5 30.00 Certified Copy (Optional) \$ 5.00 Certificate of Status (Optional)

Page 2 of 2