

LOS000043429 FILED

2005 APR 28 P 1:04

RECEIVED BY STATE
FLORIDA



700051118627

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

04/28/05--01061--601 11:00:00

Special Instructions to Filing Officer:

AL !

Office Use Only

WALLER LANSDEN DORTCH & DAVIS, PLLC

WALLER LANSDEN DORTCH & DAVIS, PLLC
THE CHESAPEAKE BUSINESS CENTRE
1616 WESTGATE CIRCLE, SUITE 106
BRENTWOOD, TENNESSEE 37027-6019
(615) 844-6212

WALLER LANSDEN DORTCH & DAVIS, LLP
AFFILIATED WITH THE PROFESSIONAL LIMITED LIABILITY COMPANY
820 SOUTH GRAND AVENUE, SUITE 800
LOS ANGELES, CALIFORNIA 90071
(213) 362-3680

NASHVILLE CITY CENTER
511 UNION STREET, SUITE 2700
POST OFFICE BOX 198966
NASHVILLE, TENNESSEE 37219-8966

(615) 244-6380
FAX: (615) 244-6804
www.wallerlaw.com

WALLER LANSDEN DORTCH & DAVIS, PLLC
808 SOUTH MAIN STREET
POST OFFICE BOX 83
COLUMBIA, TENNESSEE 38402-1038
(931) 368-6031

2005 APR 28 P 1:04

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

Audrey Taylor
(615) 850-8064
audrey.taylor@wallerlaw.com

April 25, 2005

VIA OVERNIGHT COURIER

Florida Department of State
Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

Re: Cobalt Consulting, LLC

Dear Reader:

Enclosed please find the Articles of Organization for filing with your office and a check in the amount of \$130.00 to cover the filing fees. Please return the evidence of filing to my attention at 511 Union St. Ste. 2700, Nashville, TN 37219.

If you should have any questions or problems, please do not hesitate to call.

Sincerely,



Audrey Taylor
Paralegal

ALT/alt

Enclosures

TRANSMITTAL LETTER

FILED

TO: Registration Section
Division of Corporations

2:05 APR 28 P 1:04

SUBJECT: Cobalt Consulting, LLC
(Name of Limited Liability Company)

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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

Please return all correspondence concerning this matter to the following:

Audrey Taylor
(Name of Person)

Waller Lansden Dortch & Davis, PLLC
(Firm/Company)

511 Union Street, Ste. 2700
(Address)

Nashville, TN 37219
(City/State and Zip Code)

For further information concerning this matter, please call:

Audrey Taylor at (615) 850-8064
(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)

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

FILED

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

2006 JUN 28 P 1:04
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cobalt Consulting, LLC

ARTICLE II - Address:

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

Principal Office Address:

413 Walnut St. #5327

Green Cove Springs, FL 32043-3443

Mailing Address:

413 Walnut St. #5327

Green Cove Springs, FL 32043-3443

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

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

NRAI Services, Inc.

Name

2731 Executive Park Drive, Suite 4

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

Weston, FL 33331

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..

by: Lisa Davis, Assistant Sec
Registered Agent's Signature
4/18/05

(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

MGR

Name and Address:

Paul Boykin

413 Walnut St # 5327

Green Cove Springs, FL 32043

(Use attachment if necessary)

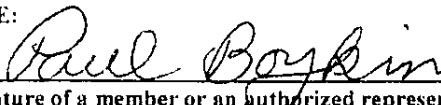
ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(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.

Paul Boykin

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)