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(Requestor's Name)			
(Address)			
(Address)			
(City/State 17 in Observe 40)			
(City/State/Zip/Phone #)			
PICK-UP WAIT MAIL			
(Business Entity Name)			
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TALLAHASSEE, FLORIDA

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TRANSMITTAL LETTER

To: Registration Section Division of Corporations			
Subject: Joseph D. Cogswell, LLC			
	Name of Limited Liabi	lity Company)	
The enclosed Articles of Organization and fee(s) are submitted for filing.			
Please return all correspondence concerning this matter to the following:			
Joyce A. Tucker, CPA (Name of Person)			
Destin Accounting Service, LLC (Firm/Company)			
1234 Airport Rd #118 (Address)			
Destin, FL 32541 (City/State and Zip Code)			
For further information concerning this matter, please call:			
Joyce A	A. Tucker, CPA at	850-654-9235	
	(Name of Person) (Area	a Code & Daytime Phone Number)	
	STREET ADDRESS:	MAILING ADDRESS:	

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

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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is: Joseph D. Cogswell, 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:

1056 Hwy 71 Marianna, FL 32448 1056 Hwy 71 Marianna, FL 32448

ARTICLE III – Registered Agent, Registered Office & Registered Agent's Signature The name and the Florida street address of the registered agent are:

Joseph D. Cogswell
Name

1056 Hwy 71
Florida street address (P.O. Box NOT acceptable)

Marianna, FL 32448
City, State, and Zip

SECRETARIA C. STATE

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 registered agent as provided for in Chapter 608, Florida Statutes..

Registered Agent's Signature

Page 1 of 2

(CONTINUED)

The name and address of each Manager or Managing Member is as follows: <u>Title:</u> <u>Name and Address:</u>

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

"MGR" - Manager
"MGRM" - Managing Member

MGRM

Joseph D. Cogswell 1056 Hwy 71 Marianna, FL 32448

NOTE: An additional article must be added if an effective date is requested.

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.)

Joseph D. Cogswell

Typed or printed name of signee

SECRETAR: OF STATE

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