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SECRETARY OF STATE
TALLAHASSEE, FLORIDA
DIVISION OF CORPORATIONS

RUTLEDGE, ECENIA, PURNELL & HOFFMAN, P. A.
215 S. MONROE STREET, SUITE 420
POST OFFICE BOX 551 (32302-0551)
TALLAHASSEE, FLORIDA 32301-1841
(850) 681-6788 Telephone
(850) 681-6515 Facsimile

March 7, 2006

TRANSMITTAL LETTER

TO: Registration Section
Division of Corporations
2661 Executive Center
Tallahassee, FL 32301

FILED
2006 MAR - 8 PM 3:53
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

SUBJECT: Kosba Holdings, LLC
(NAME OF LIMITED LIABILITY COMPANY)

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

Please return all correspondence concerning this matter to the following:

FROM: MAGGIE M. SCHULTZ, ESQ.
RUTLEDGE, ECENIA, PURNELL & HOFFMAN, P.A.
215 S. MONROE STREET, SUITE 420
TALLAHASSEE, FLORIDA 32301

For further information concerning this matter and for pick-up, please call:

SUZANNE YOUNG AT 681-6788

Enclosed are an original and one (1) copy of the articles of organization and a check for:

☒ \$125.00 Filing Fee	☐ \$130.00 Filing Fee & Certificate of Status	☐ \$155.00 Filing Fee & Certified Copy	☐ \$160.00 Filing Fee, Certified Copy & Certificate of Status
(Additional copy is enclosed)			

**ARTICLES OF ORGANIZATION
OF
KOSBA HOLDINGS, LLC**

**ARTICLE I
NAME**

The name of the Limited Liability Company is KOSBA HOLDINGS, LLC

**ARTICLE II
ADDRESS**

The mailing address and street address of the principal office of the Limited Liability Company in the State of Florida shall be located at:

KOSBA HOLDINGS, LLC
225 S.W. North Quick Circle
Port St. Lucie, Florida 34985

**ARTICLE III
REGISTERED AGENT, REGISTERED OFFICE,
& REGISTERED AGENT'S SIGNATURE**

The name and Florida street address of the registered agent shall be:

George Jreij
225 S.W. North Quick Circle
Port St. Lucie, Florida 34985

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.

SIGNATURE: _____

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SECRETARY OF STATE
TALLAHASSEE, FLORIDA

George Jreij, Registered Agent

ARTICLE IV
MANAGER(S) OR MANAGING MEMBER(S)

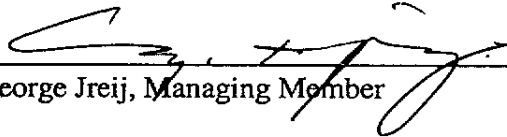
The name and address of each Manager or Managing Member is as follows:

George Jreij, MGRM
225 S.W. North Quick Circle
Port St. Lucie, Florida 34985

REQUIRED SIGNATURE:

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.

SIGNATURE:


George Jreij, Managing Member