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| Special Instructions to | Filing Officer:    |             |
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## COVER LETTER

| Division of Con           |   |   |   |
|---------------------------|---|---|---|
| SURIECT: COCL             | Investments, LLC  |   |   |
| Sobsect.                  | (Name of Limited  | d Liability Company)  |   |
| The enclosed Articles of  | Organization and fee(s) are st  | ubmitted for filing.  |   |
| Please return all corresp | ondence concerning this matte   | er to the following:  |   |
| Christina                 | Miller  |   |   |
|                           | (1  | Name of Person)   |   |
| COCL Inv                  | restments, LLC  |   |   |
|                           | (   | Firm/Company)   |   |
| 822 Orar                  | ngewood Road  |   |   |
|                           |   | (Address)   |   |
| Jackson                   | ville, FL 32259   |   |   |
|                           | (City   | /State and Zip Code)  |   |
| For further information   | concerning this matter, please  | call:   |   |
| Christina Miller          | -   | at (904 ) 228-932   | 25  |
| (Name                     | of Person)  | (Area Code & Daytime Te   | elephone Number)  |
| Enclosed is a check for   | or the following amount:  |   |   |
| \$125.00 Filing Fee       | \$130.00 Filing Fee & Certificate of Status   | \$155.00 Filing Fee & Certified Copy (additional copy is enclosed)  | S160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional copy is enclosed) |
|                           | Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314 | Street/Courier Address<br>Registration Section<br>Division of Corporation<br>Clifton Building<br>2661 Executive Center<br>Tallahassee, FL 32301 | ns  |

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

| ARTICLE I - Name: The name of the Limited Liability Company is:   |
|---|
| COCL Investments, LLC  (Must end with the words "Limited Liability Company, "Limited Company" or their abbreviation "LLC," or "L.C.,")  |
| ARTICLE II - Address: The mailing address and street address of the principal office of the Limited Liability Company is:   |
| Principal Office Address: Mailing Address:  |
| 822 Orangewood Road same  Jacksonville, FL 32259  |
| ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:  (The Limited Liability Company cannot serve as its own Registered Agent. You must designate an individual or another business entity with an active Florida registration.)  The name and the Florida street address of the registered agent are:  Christina Miller  |
| Name  |
| Name  822 Orangewood Road  Florida street address (P.O. Box NOT acceptable)   |
| Jacksonville FL 32259  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. |

(CONTINUED) Page 1 of 2

Registered Agent's Signature (REQUIRED)

| <u>Title:</u>   | Name and Address:  |
|---|--|
| "MGR" = Manager   |  |
| "MGRM" = Managing Member  |  |
| MGR   | Christina Miller   |
|   | 822 Orangewood Road  |
|   | Jacksonville, FL 32259   |
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| CLE V: Effective date, if other than the ffective date is listed, the date must days after the date of filing.)  REQUIRED SIGNATURE:  Signature of a memi                           | be specific and cannot be more than five business days price.  |
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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)

Typed or printed name of signee