

LO7000081294

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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(Business Entity Name)

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FILED
SECRETARY OF STATE
DIVISION OF CORPORATIONS
07 AUG -7 AM 11:55

T. Hampton AUG 08 2007

8/1/07
Michael Costa
624 Wendel Ave.
Lithia, FL 33547
(813) 681-4880

Enclosed is the appropriate documentation for Cozy Cottage Construction LLC. In addition to these services I would also like to request that you send me a corporate kit. I would like the certificates to be blue and numbered 1-20, and I would also like the brown corporate book. With the filing fee of 125.00 and the kit fee of 67.00 plus tax, and 11.00 for shipping the total enclosed amount is \$207.69. Thank you for your services, Michael Costa.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**ARTICLE I - Name:**

The name of the Limited Liability Company is:

Cozy Cottage Construction 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:**624 Wendel Ave.
Lithia FL 33547624 Wendel Ave.
Lithia FL 33547**ARTICLE III - Registered Agent, Registered Office, & Registered Agent's Signature:**

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

Michael S. Costa
Name624 Wendel Ave.
Florida street address (P.O. Box **NOT** acceptable)
Lithia FL 33547
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.


Registered Agent's Signature

(CONTINUED)

Page 1 of 2

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

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

Title:

"MGR" = Manager

"MGRM" = Managing Member

Name and Address:

MGRM

Michael S. Costa
624 Wendel Ave
Lithia FL 33547

MGR

Tracy M. Hendershot
624 Wendel Ave.
Lithia FL 33547

(Use attachment if necessary)

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.)

Michael Costa
Typed or printed name of signer

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)