## 08000010156

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SECRETARY OF STATE
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J. BRYAN

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**EXAMINER** 



## FLORIDA DEPARTMENT OF STATE Division of Corporations

January 14, 2008

KIMBERLY M. COWIN KD COWIN VENTURES, LLC 6211 SOUTH HAMPSHIRE COURT WINDERMERE, FL 34786

SUBJECT: KD COWIN VENTURES, LLC

Ref. Number: W08000002084

SECRETARY OF STATE SECRETARY OF CORPORATIONS

We have received your document for KD COWIN VENTURES, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

Pursuant to section 608.409(2), F.S., the effective date must be specific, cannot be more than five business days prior to the date of filing or more than 90 days after the date of filing. Our office received your document on January 11, 2008. Please amend your document accordingly.

Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.

If you have any questions concerning the filing of your document, please call (850) 245-6043.

Joey Bryan Regulatory Specialist II

Letter Number: 208A00002806

ARTICLE I - Nam		R FLORIDA LIMITEI	) LIABILITY CO	MPANY SECRETARY CO
K	o Cowin Ver	itures LLC		PCORPOR
ARTICLE II - Add	dress:	d Liability Company, "L.L.C.," or the principal office of the	·	ompany is:
Principal Office A	ddress:	<b>Mailing Address:</b>	<u> </u>	
Windermerc	Hampshire Co FL 34786	ourt Winderman	th Hampsh c,FL 34784	ire Court
(The Limited Liability Co		stered Office, & Register n Registered Agent. You must desi		
The name and the F	lorida street address o	f the registered agent are:	Effective Da	te 01/25/08
	Kimberly 1	M. COWIO	<u>_</u>	•
		H Hampshire ( reet address (P.O. Box NOT acc		
	Windermere		<u> </u>	
liability compan registered agent an	ry at the place designated agree to act in this co	nd to accept service of proc ed in this certificate, I herei apacity. I further agree to c lete performance of my duti	by accept the appoint comply with the provi	tment as isions of all

Registered Agent's Signature (REQUIRED)

accept the obligations of my position as registered agent as provided for in Chapter 608, F.S..

ARTICLE IV- Manager(s) or Managing Member(s):
The name and address of each Manager or Managing Member is as follows:

Title: "MGR" = Manager	Name and Address:
"MGRM" = Managing Mer	David Cowin
,	Windermire, FL 34786
	DIVISION OF THE PROPERTY OF TH
	JAN 29
	<b>₹</b>
	5
(Use attachment if necessar	ry) <sub>.</sub>
TICLE V: Effective date, if other of the control of	er than the date of filing: <u>0\/05/08</u> . (OPTIONAL) ate must be specific and cannot be more than five business days prog.)
REQUIRED SIGNATUR	E:
	Harrison -
Signature	of a member or an authorized representative of a member.
of this doc	ance with section 608.408(3), Florida Statutes, the execution ument constitutes an affirmation under the penalties of perjury facts stated herein are true.)
,	Typed or printed name of signee

riling rees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

- \$ 30.00 Certified Copy (Optional)\$ 5.00 Certificate of Status (Optional)