

L08000049027

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP WAIT MAIL

(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

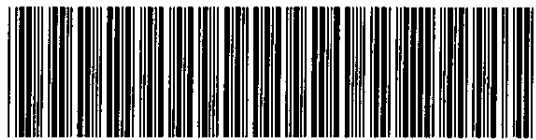
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SECRETARY OF STATE
DIVISION OF CORPORATION
08 MAY 15 PM 3:25



COVATI & GEDDES, PC

ATTORNEYS AND COUNSELORS AT LAW

MAILING ADDRESS:
POST OFFICE BOX 330
ROANOKE, VIRGINIA 24003-0330

TELEPHONE: (540) 343-5883
FACSIMILE: (540) 777-0183
WWW.COVATIGEDDES.COM

May 9, 2008

Registration Section
Division of Corporations
PO Box 6327
Tallahassee, FL 32314

RE: COGEST, L.L.C.

To Whom It May Concern:

I am enclosing a firm check in the amount of \$155.00 in payment of the filing fees and Certified Copy fee.

The contact information for this company shall be:

Charles Covati
1344 Maple Avenue, SW
Roanoke, VA 24016
(540)343-5883 tele
(540)777-0183 Fax

I look forward to hearing from you if you should have any questions.

Sincerely yours,

C. J. Covati

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COGEST, L.L.C.

(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

10151 DEERWOOD PARK BLVD
JACKSONVILLE, FL 32256

Mailing Address:

10151 DEERWOOD PARK BLVD
JACKSONVILLE, FL 32256

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:

InCorp Services, Inc.
Name

17888 67th Court North
Florida street address (P.O. Box NOT acceptable)

Loxahatchee, Florida 33470
City, State, and Zip

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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.

[Handwritten Signature]
Registered Agent's Signature (REQUIRED)
on behalf of InCorp Services, Inc.

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:

MGR _____

CHARLES J. COVATI
1344 Maple Ave., SW
Roanoke, VA 24016

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: _____ (OPTIONAL)

(If an effective date is listed, the date must be specific and cannot be more than five business days prior to or 90 days after the date of filing.)

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.)

Charles Covati

Typed or printed name of signee

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)