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SEGNETARY OF STATE

T. CLINE
AUG 2 5 2009
EXAMINER

COVER LETTER

TO:	Registration Division of C			
SUBJI	ЕСТ:	Cobb's H	lome Beautification, LLC	
		Name of Lin	nited Liability Company	
The en	closed Articles	of Organization and fee(s) ar	e submitted for filing.	
Please	return all corres	spondence concerning this ma	atter to the following:	
			Willie T. Cobb	
		Cobb's H	ome Beautification, LLC	
			Firm/Company	
		10	705 Merida Drive	
			Address	
		Jackson	nville, Florida 32218	1
City/State and Zip Code				
_			ebeautification@yahoo.com	Am 16
		E-mail address: (to be used	d for future annual report notification)	\$650 F
For fur	ther information	o concerning this matter, plea	ise call:	2009 AUG P4 PM 1: 06 SECRETARY OF STATE TAPLAHASSEE, FLORID
	Will	ie T. Cobb	at (904)554-7369	2 · · ·
	Name	e of Person	Area Code & Daytime Telephone Number	er Ser
Enclos	ed is a check f	for the following amount:	·	
]\$ 125.	00 Filing Fee	\$130.00 Filing Fee & Certificate of Status	Certified Copy Certificat (additional copy is enclosed) Certified	Filing Fee, te of Status & Copy copy is enclosed)
		Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Street/Courier Address Registration Section Division of Corporations Clifton Building 2661 Executive Center Circle Tallahassee, FL 32301	

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Compa	ny is:
Cobb's Home E (Must end with the words "Limite	Beautification, LLC d 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:	Mailing Address:
10705 Merida Drive Jacksonville, Florida 32218	10705 Merida Drive Jacksonville, Florida 32218
(The Limited Liability Company cannot serve as its ow business entity with an active Florida registration.) The name and the Florida street address o	stered Office, & Registered Agent's Signature: m Registered Agent. You must designate an individual of another of the registered agent are:
	Name
	5 Merida Drive
	ss (P.O. Box <u>NOT</u> acceptable)
Jacksonville City,	FL State, and Zip
liability company at the place designal registered agent and agree to act in this constatutes relating to the proper and compaccept the obligations of my position of the proper accept the obligations of my position of the proper accept the obligations of the proper accept the obligations of the proper accept the obligations of the place designation and the place designation accept the place acc	and to accept service of process for the above stated limited ted in this certificate, I hereby accept the appointment as apacity. I further agree to comply with the provisions of all lete performance of my duties, and I am familiar with and as registered agent as provided for in Chapter 608, F.S

(CONTINUED)

Page 1 of 2

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

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

Title:	Name and Address:		
"MGR" = Manager "MGRM" = Managing Member			
MGR	Willie T. Cobb		
	10705 Merida Drive		
	Jacksonville, Florida 32218		
			
		AST IS	
			
		22	
(Use attachment if necessary)		PK PK	
ARTICLE V: Effective date, if other than the dat	e of filing:	. (OEFIONAL)	
(If an effective date is listed, the date must be sp to or 90 days after the date of filing.)		- C2	
REQUIRED SIGNATURE:	A Call	_	
Signature of a member or	an authorized representative of a member	r.	
(In accordance with section of this document constitute that the facts stated herein	n 608.408(3), Florida Statutes, the execution es an affirmation under the penalties of perjurare true.)	ry	
	Willie T. Cobb		
Filing Fees:	or printed name of signee		

\$125.00 Filing Fee for Articles of Organization and Designation

of Registered Agent

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