## L10000042025

(Requestor's Name)					
(Address)					
(Address)					
(City/State/Zip/Phone #)					
PICK-UP WAIT MAIL					
(Business Entity Name)					
(Document Number)					
Certified Copies Certificates of Status					
Special Instructions to Filing Officer:					

Office Use Only

EFFECTIVE DATE 4/32/10



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SECRETARY OF STATE
TALLAHASSE OF STATE

D. BRUCE

APR 20 2010

**EXAMINER** 

## **COVER LETTER**

TO: Registration Division of C						
SUBJECT: CosRo						
	Name of Limit	ted Liability Cor	npany			
The enclosed Articles	of Organization and fee(s) are	submitted for fi	ling.			
Please return all corres	pondence concerning this mat	ter to the follow	ing:			
David Fink						
	<u> </u>	Name of Person				-
CosRoc Pro	perties LLC					
		Firm/Company				-
9703 25th St	reet East				***	_
		Address		<u> </u>		3
Parrish, FL 3	4219			) (2)		, T
		ty/State and Zip C	ode	$\mathcal{L}$	<u> </u>	
drfink367@v		<u> </u>	<del></del>	س	C 70	
	E-mail address: (to be used		eport notification)	FLO	S   %	
For further information	concerning this matter, pleas	e call:		RID	3	_
David Fink		at ( 727	<sub>)</sub> 560-2124	'مبع ا		
Name	of Person		ode & Daytime Te	lephone Number		
Enclosed is a check t	For the following amount:					
☑\$125.00 Filing Fee	□\$130.00 Filing Fee & Certificate of Status	S155.00 Find Certified Cadditional C		\$160.00 Filing Certificate of Certified Cop (additional copy	Status &	
	Mailing Address Registration Section Division of Corporations P.O. Box 6327 Tallahassee, FL 32314	Regist Divisi Cliftor 2661 I	Courier Addres ration Section on of Corporation in Building Executive Center assee, FL 32301	ns		

 $\left\{ \cdot \right\}$ 

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

The name of the Limited Liability Company is	is:
CosRoc Properties, LLC	
(Must end with the words "Limited Lia	bility 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:
9703 25th Street East	9703 25th Street East
Parrish, Florida 34219	Parrish, Florida 34219
The name and the Florida street address of the David Fink  Nan	ne R SSEE
9703 25th Street East	
Florida street a	address (P.O. Box NOT acceptable)
Parrish	FL 34219
City,	State, and Zip
liability company at the place designated in registered agent and agree to act in this capac statutes relating to the proper and complete	to accept service of process for the above stated limited in this certificate, I hereby accept the appointment as city. I further agree to comply with the provisions of all performance of my duties, and I am familiar with and gistered agent as provided for in Chapter 608, F.S

(CONTINUED)
Page 1 of 2

Registered Agent's Signature (REQUIRED)

EFFECTIVE DATE 4/22/10

**ARTICLE I - Name:** 

## 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" = Manag	ing Member		
MODM			
MGRM		David Fink	
		9703 25th Street East	
		Parrish, FL 34219	
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	•		
			<del></del>
(11			
(Use attachment if	necessary)		
A IDOTICAL EL ST. ERC		c.c.: April 22 2010	OPTIONAL
ARTICLE V: Effective dat			OPTIONAL)
	•	ecific and cannot be more than five bu	siness days prior
to or 90 days after the date	of filing.)		
			<b>A</b>
			AP TO
REQUIRED SIGN	NATURE:	_	(1) Tan
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Si	gnature of a member or	an authorized representative of a member	N D
//		(00.400(0). 7). (1.6	32
(1	n accordance with section	608.408(3), Florida Statutes, the execution s an affirmation under the penalties of perjury	•
tl	nat the facts stated herein a	are true.)	
<u> </u>	David Fink		
	1 yped	or printed name of signee	
Filing Feer			

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

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