

L10000049387

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

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PICK-UP

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WAIT

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MAIL

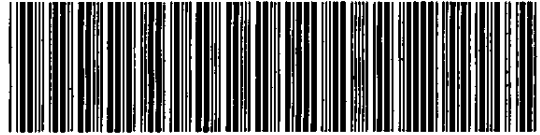
(Business Entity Name)

(Document Number)

Certified Copies \_\_\_\_\_ Certificates of Status \_\_\_\_\_

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SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

J. BRYAN

MAY -7 2010

EXAMINER

RONALD H. ROBY  
RHR@RONALDROBYESQUIRE.COM

MATTHEW H. ROBY  
MHR@MATTHEWROBY.COM

**ROBY LAW FIRM**  
201 WEST CANTON AVENUE • SUITE 275  
P.O. BOX 2855  
WINTER PARK, FLORIDA 32789

TELEPHONE: (407) 647-8065  
FAX: (407) 647-3880

Ω

April 30, 2010

**Via Certified Return Receipt Requested**  
**Parcel No.: 7003 3110 0000 0442 8377**

Registration Section  
Division of Corporations  
P.O. Box 6327  
Tallahassee, FL 32314

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10 MAY - 6 PM 2:25  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

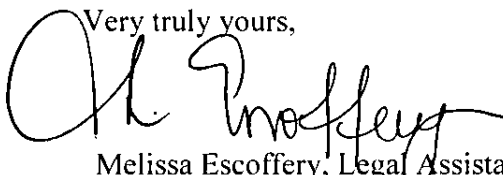
RE: E. Rosibel Coggins, LLC

Dear Sir or Madam:

Please find enclosed the following documents to establish a new limited liability company:

1. Cover Letter
2. Articles of Organization
3. Copy of the Cover Letter and Articles of Organization
4. Our firm's check number 1194 in the amount of One Hundred Sixty Dollars and Zero Cents (\$160.00) which represents the filing fee, certificate of status and a certified copy of the documents.

If you have any questions or concerns in this regard, please contact this office.

Very truly yours,  
  
Melissa Escoffery, Legal Assistant to  
Ronald H. Roby

Enc.  
cc: E. Rosibel Coggins

## COVER LETTER

TO: **Registration Section**  
**Division of Corporations**

SUBJECT: E. Rosibel Coggins, LLC  
Name of Limited Liability Company

The enclosed Articles of Organization and fee(s) are submitted for filing.

Please return all correspondence concerning this matter to the following:

E. Rosibel Coggins

Name of Person

E. Rosibel Coggins, LLC

Firm/Company

P.O. Box 1616

Address

Winter Park, FL 32790-1616

City/State and Zip Code

rosibel.coggins@gmail.com

E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

E. Rosibel Coggins at ( 407 ) 620-3432  
Name of Person Area Code & Daytime Telephone Number

Enclosed is a check for the following amount:

- |  |   |   |  |
|--|---|---|--|
| <input type="checkbox"/> \$125.00 Filing Fee | <input type="checkbox"/> \$130.00 Filing Fee &<br>Certificate of Status | <input type="checkbox"/> \$155.00 Filing Fee &<br>Certified Copy<br>(additional copy is enclosed) | <input checked="" type="checkbox"/> \$160.00 Filing Fee,<br>Certificate of Status &<br>Certified Copy<br>(additional 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

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TALLAHASSEE, FLORIDA

**ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY**

**ARTICLE I - Name:**

The name of the Limited Liability Company is:

E. Rosibel Coggins, LLC

(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:**

3167 Ash Park Loop  
Winter Park, FL 32792

**Mailing Address:**

P.O. Box 1616  
Winter Park, FL 32790-1616

**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:

E. Rosibel Coggins

Name

3167 Ash Park Loop

Florida street address (P.O. Box **NOT** acceptable)

Winter Park

FL 32792

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 (REQUIRED)

(CONTINUED)

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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:**

MGR

E. Rosibel Coggins

P.O. Box 1616

Winter Park, FL 32790-1616

MGRM

E. Rosibel Coggins

P.O. Box 1616

Winter Park, FL 32790-1616

(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.)

E. Rosibel Coggins

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)**