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. (Re	questor's Name)			
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PICK-UP	☐ WAIT	MAIL		
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Certified Copies	_ Certificates	s of Status		
Special Instructions to I	Filing Officer:			
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2011 JAN 25 PM 38: 45

C. LEWIS

JAN 2 6 2011

EXAMINER

COVER LETTER

<u> </u>	го:	Registration Section Division of Corporations			
	SUBJE	T. Koquina LLC			
Name of Limited Liability Company					
٦	The enc	osed Articles of Organization and fee(s) are	submitted for filing.		
F	Please re	eturn all correspondence concerning this mat	ter to the following:		
	<u> </u>	Edgar Mueller			
			Name of Person		
		Koquina LLC			
			Firm/Company		
	_	10435 Midtown Parkway, #	458		
			Address		
	J	acksonville, Florida 32246			
		Cit	y/State and Zip Code		
	_	dgarmueller@hotmail.com			
		E-mail address: (to be used	or future annual report notification)		
F	For furth	er information concerning this matter, please	e call:		
1	Edgaı	Mueller	at (703) 623-8168		
-	•	Name of Person	Area Code & Daytime Telephone Number		
F	Enclose	d is a check for the following amount:	_		
\$ 1	125.00	Filing Fee \$\sum \frac{1}{30.00}\$ Filing Fee \$\&\ \text{Certificate of Status}\$	\$155.00 Filing Fee & \$160.00 Filing Fee, Certified Copy (additional copy is enclosed) \$160.00 Filing Fee, Certificate of Status & Certified Copy (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		

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:		
The name of the Limited Liability Company	y is:	
Koquina 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	ne principal office of the Limited Lia	ability Company is:
Principal Office Address:	Mailing Address:	
10435 Midtown Parkway	10435 Midtown Parkway #458	
#458 Jacksonville, FL 32246	Jacksonville, FL 32246	
ARTICLE III - Registered Agent, Regist (The Limited Liability Company cannot serve as its own business entity with an active Florida registration.) The name and the Florida street address of	Registered Agent. You must designate an indivi	dual or another
Edgar Mueller	the registered agent are.	ZOII JAN 25 SECRETARY
N	lame	ASS ASS
10435 Midtowr	n Parkway, #458	
Florida stree	et address (P.O. Box <u>NOT</u> acceptable)	PM SE U

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..

City, State, and Zip

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

FILED

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

The name and address of each Manager or Managing Member is as follows III JAN 25 PM 25 45

Title:	Name and Address:	SECRETARY OF ST TALEAHASSEE, FLC
"MGR" = Manager "MGRM" = Managing Member		1 Lt grant 11 11 11
MGRM	Edgar Mueller	
	10435 Midtown Parkway, # 45	
	Jacksonville, FL 32246	
		
		
		
(Use attachment if necessary)		
CLE V: Effective date, if other than th	e date of filing:	(OPTIONAL)
effective date is listed, the date must l	be specific and cannot be more t	than five business days pri
0 days after the date of filing.)	-	
REQUIRED SIGNATURE:		

(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. I am aware that any false information submitted in a document to the Department of State

constitutes a third degree felony as provided for in s.817.155, F.S.)

Edgar V. Mueller

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)