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(Requestor's Name)
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PICK-UP WAIT MAIL
(Business Entity Name)
(Document Number)
Certified Copies Certificates of Status
Special Instructions to Filing Officer:

OCT 2.5 2011

**EXAMINER** 

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SECRETARY OF STATE

# **COVER LETTER**

\*

TO: Registration Section Division of Corporations	
SUBJECT: CoBo Collective	
Name of Limit	ed Liability Company
The enclosed Articles of Organization and fee(s) are	submitted for filing.
Please return all correspondence concerning this mat	ter to the following:
Ryan Cole	
	Name of Person
•	Fi/C
4004.0.1444.	Firm/Company
1001 S. Kentucky Ave	Address
Winter Park/FL/32789	
	y/State and Zip Code
cobocollective@mail.com	
E-mail address: (to be used	for future annual report notification)
For further information concerning this matter, please	e call:
Steven Bowen	at (407 ) 953-9194
Name of Person	Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:	
\$125.00 Filing Fee & 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 Tallahassee, FL 32301

# ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Cobo Collective, L.L.C  (Must end with the words "Limited"	Liability Company, "L.L.C.," or "LLC.")
·	
ARTICLE II - Address:	the principal office of the Limited Lightlity Company is:
The maining address and street address of	the principal office of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
1001 S. KENTUCKY AVE	1001 S. KENTUCKY AVE
WINTER PARK, FL 32789	WINTER PARK, FL 32789
***************************************	
The name and the Florida street address of Ryan Cole	
Ryan Cole	Name
Ryan Cole 1001 S. Kentu	Name ICKY Ave
Ryan Cole  1001 S. Kentu	Name  ICKY AVE  eet address (P.O. Box NOT acceptable)
Ryan Cole  1001 S. Kentu  Florida stra  Winter Park	Name ICKY Ave

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

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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:

MGRM	Ryan Cole 1001 S. Kentucky Ave Winter Park, FL 32789
MGRM	Steven Bowen
	1010 S. Kentucky Ave Winter Park, FL 32789
Use attachment if necessa	у)
LE V: Effective date, if oth fective date is listed, the d days after the date of filin	er than the date of filing: 10/19/2011 . (OPTION te must be specific and cannot be more than five business day.)

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. 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.)

## Steven Bowen

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)