## [12000004583

(Re	equestor's Name)	
(Ad	ldress)	
(Ad	ldress)	
(Cit	ty/State/Zip/Phone	e #) .
_	_	_
PICK-UP	WAIT	MAIL
(Bu	siness Entity Nar	ne)
(Do	cument Number)	<del></del>
Certified Copies	_ Certificates	of Status
0	EU OW	
Special Instructions to	Filing Officer:	
		İ

Office Use Only



500216102125

01/09/12--01028--025 \*\*160.00

2012 JAN -9 PH 3: 37
SECRETARY OF STATE AND SECRETARY OF STATE

J. BRYAN

JAN 1 0 2012

**EXAMINER** 

## **COVER LETTER**

TO: Registration Section Division of Corporations
SUBJECT: Core Flow Board 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:
Tera Helm
Name of Person
Core Flow Board
Firm/Company
1025 W. Indiantown Rd. Ste. 101
Address
Jupiter, FL 33458
City/State and Zip Code
tera. helm@gmail. com  E-mail aduress: (to be used for future annual report notification)
For further information concerning this matter, please call:
Lisa Nicole Tagoda at (678) 906-8844  Name of Person Area Code & Daytime Telephone Number
Enclosed is a check for the following amount:
\$125.00 Filing Fee \$\ \text{S130.00 Filing Fee & Certificate of Status} \text{Certified Copy (additional copy is enclosed)} \ \text{\$\$\$}\$\$ \$160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)}
Mailing Address Registration Section Division of Corporations  Street/Courier Address Registration Section Division of Corporations Division of Corporations

Clifton Building

2661 Executive Center Circle Tallahassee, FL 32301

P.O. Box 6327

Tallahassee, FL 32314

## ARTICLE I - Name: The name of the Limited Liability Company is: COVE FLOW BOAND 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: 8646810ard Drive Alpharetta, GA30022

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:

Andrew Goldsmith

Name

1025 W. Indiantown Rd Ste. 101

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

Tupiter FL 33458

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)

Page 1 of 2

	Title:	Name and Address:	THE PARTY OF
Pyan Helm  1025 W. Indiantown Rat. St  Jupiter, FL 33458  Lisa Nicole Jagoda  8646 Ellard Drive  Alpharetta, GA 30022  (Use attachment if necessary)  LEV: Effective date, if other than the date of filing: (OPTIONAL)	"MGR" = Manager		Post of the second
Use attachment if necessary)  ID25 W. Indiantown & St.	MGR	- 1.5	ر برای کی کاری
Lisa Nicole Jagoda  8646 Ellard Drive  Alphare Ha, GA 30022   (Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)	1 (21)	1025 W. Indian	HOWN EN ST
	MIGRM		
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)		Alpharetta G	A 3DD22
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)			. ( 300 - 2
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)			<u></u>
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)			
(Use attachment if necessary)  LE V: Effective date, if other than the date of filing: (OPTIONAL)			
LE V: Effective date, if other than the date of filing: (OPTIONAL)			
		1	
	(Use attachment if necessa	,	
	•	y) ,	. (OPTIONAL)
	LE V: Effective date, if oth	y) er than the date of filing: te must be specific and cannot be more tha	
	LE V: Effective date, if oth fective date is listed, the dadays after the date of filing	er than the date of filing:te must be specific and cannot be more that)	
REQUIRED SIGNATURE:	LE V: Effective date, if oth fective date is listed, the dadays after the date of filing	er than the date of filing:te must be specific and cannot be more that)	
	LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing:  te must be specific and cannot be more than the date of filing:  E:	an five business days
	LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR	er than the date of filing:  te must be specific and cannot be more than the date of filing:  E:	an five business days
Signature of a member of an authorized representative of a member.	LE V: Effective date, if oth fective date is listed, the da days after the date of filing REQUIRED SIGNATUR	er than the date of filing:  te must be specific and cannot be more than the specific and the specific a	an five business days
Signature of a member of 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	LE V: Effective date, if oth fective date is listed, the da days after the date of filing REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affir I am aware that any	er than the date of filing:  te must be specific and cannot be more than the date of filing:  E:  As a member of an authorized representative of a section 608.408(3), Florida Statutes, the execution that in a document to the D	member.  of this document ated herein are true.
(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.	LE V: Effective date, if oth fective date is listed, the date days after the date of filing REQUIRED SIGNATUR  Signature  (In accordance with constitutes an affir I am aware that any constitutes a third constitutes a third of the constitutes and the constitutes at the constitutes at third of the constitutes at the c	er than the date of filing:  te must be specific and cannot be more than the date of filing:  E:  Section 608.408(3), Florida Statutes, the execution that the penalties of perjury that the facts state information submitted in a document to the Degree felony as provided for in s.817.155, F.S.)	member.  of this document ated herein are true.

Page 2 of 2

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

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