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(Requestor's Name)

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(Address)

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(City/State/Zip/Phone #)

☐ PICK-UP

☐ WAIT

☐ MAIL

\_\_\_\_\_  
(Business Entity Name)

\_\_\_\_\_  
(Document Number)

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

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DIVISION OF CORPORATIONS  
14 FEB 10 AM 9:53

2/28



COVER LETTER

TO: Registration Section  
Division of Corporations

SUBJECT: COWANS PROFESSIONAL REMODELL 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:

TROY COWAN  
Name of Person

COWANS PROFESSIONAL REMODELL LLC.  
Firm/Company

326 GENECA AVE  
Address

PANAMA CITY FLA. 32404  
City/State and Zip Code

EVOKET 812 @gmail.com  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

TROY COWAN at (850) 890-17-13  
Name of Person Area Code Daytime Telephone Number

Enclosed is a check for the following amount:

- ☐ \$125.00 Filing Fee    ☐ \$130.00 Filing Fee & Certificate of Status    ☐ \$155.00 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

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FLORIDA DEPARTMENT OF STATE  
Division of Corporations

February 13, 2014

TROY COWAN  
326 SENECA AVE  
PANAMA CITY, FL 32404

SUBJECT: COWAN'S PROFESSIONAL REMODELL LLC  
Ref. Number: W14000009489

We have received your document for COWAN'S PROFESSIONAL REMODELL LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must insert the title or capacity of person(s) authorized to manage this limited liability company above the name(s) and address(es) listed. Such titles may include: Manager (MGR), Authorized Member (AMBR), AuthorizedPerson (AP), or Authorized Representative (AR).

*Please return your document, along with a copy of this letter, within 60 days or your filing will be considered abandoned.*

If you have any questions concerning the filing of your document, please call (850) 245-6951.

JENNA D HARRIS  
Regulatory Specialist II

Letter Number: 414A00003258

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DIVISION OF CORPORATIONS  
14 FEB 10 AM 9:53

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

COWAN'S PROFESSIONAL REMODELL 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:

326 SENECA AVE  
PANAMA CITY FLA.  
32404

Mailing Address:

326 SENECA AVE  
PANAMA CITY FLA.  
32404

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:

TROY COWAN  
Name

326 SENECA AVE.  
Florida street address (P.O. Box NOT acceptable)  
PANAMA CITY FL 32404  
City 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 605, F.S..*

Troy Cowan  
Registered Agent's Signature (REQUIRED)

(CONTINUED)

**ARTICLE IV-**

The name and address of each person authorized to manage and control the Limited Liability Company:

**Title:**

"AMBR" = Authorized Member

"MGR" = Manager

AMBR

TROY COWAN

**Name and Address:**

TROY COWAN  
326 SENECA AVE.  
PANAMA CITY, FL 32404

326 SENECA AVE  
PANAMA CITY FLA.  
32404

(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.)

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**

Troy Cowan  
Signature of a member or an authorized representative of a member.

(In accordance with section 605.0203 (1) (b), 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.)

TROY COWAN  
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)