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(Req	uestor's Name)	
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PICK-UP	☐ WAIT	MAIL
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(Bus	iness Entity Nar	ne)
(Doc	ument Number)	
Certified Copies	Certificates	of Status
Special Instructions to F	iling Officer:	
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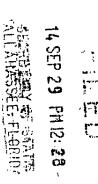
Office Use Only



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07/14/14--01029--010 **125.00

EFFECTIVE DATE 9/29/14



6/13/14 6/14/000043438

COVER LETTER

TO: Registration Section Division of Corporations	
SUBJECT: Koos Koos 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:	
Rebecca Bowland Name of Person	
Firm/Company	
530 E. Central Blvd. #301 Address	
Orlando, FL 32801 City/State and Zip Code	
Rebeccabowland@yahoo.com E-mail address: (to be used for future annual report notification)	
For further information concerning this matter, please call:	
Rebecca Bowland at (386) 405-6168 Name of Person Area Code Daytime Telephone Number	
Enclosed is a check for the following amount:	
\$125.00 Filing Fee \$\times \text{Certificate of Status} \text{Certificate of Status} \text{Certified Copy} \te	tus &

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

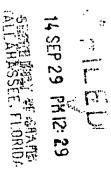


FLORIDA DEPARTMENT OF STATE Division of Corporations

July 15, 2014

REBECCA BOWLAND 530 E. CENTRAL BLVD., #301 ORLANDO, FL 32801

SUBJECT: KOOS KOOS LLC. Ref. Number: W14000043438



We have received your document for KOOS KOOS LLC. and your check(s) totaling \$125.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name designated in your document is unavailable since it is the same as, or it is not distinguishable from the name of an existing entity.

Please select a new name and make the correction in all appropriate places. One or more major words may be added to make the name distinguishable from the one presently on file.

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) 245-6051.

Elliott R McCaskill Registration Specialist II

Letter Number: 514A00015192

Mote: I called and spoke to a representative about the GO day window. I was told I could want until the company name I want becomes inactive and then re-submit my forms. The inactive date is 9/28/14. Thank you.

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name: The name of the Limited Liability Company is:	
Koos Koos LLC. (Must end with the words "Limited L	Liability Company, "L.L.C.," or "LLC.")
ARTICLE II - Address: The mailing address and street address of the principal off	ice of the Limited Liability Company is:
Principal Office Address:	Mailing Address:
530 E Central Blvd. #301 Orlando, Fl. 32801	530 E Central Blvd. #301 Orlando, FL 32801
ARTICLE III - Registered Agent, Registered Office, & (The Limited Liability Company cannot serve as its own R another business entity with an active Florida registration.) The name and the Florida street address of the registered a	Registered Agent. You must designate an individual or
	gent are:
Rebecca Bowland Name	
530 E Central Blvd. #301	·
Florida street address (P.O. Box)	NOT acceptable)
Oriando	FL 32801
City	Zip
the place designated in this certificate, I hereby accept capacity. I further agree to comply with the provisions of of my duties, and I am familiar with and accept the obli	vice of process for the above stated limited liability company a the appointment as registered agent and agree to act in this f all statutes relating to the proper and complete performance gations of my position as registered agent as provided for in er 605, F.S
(CONTINUE	D)
Page 1 of 2	Fill M

EFFECTIVE DATE 9/29/14

SEP 29 PH 12: 29

<u>Title:</u> "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Rebecca Bowland
	530 E Central Blvd.
	Orlando, FL 32801

	,
	
(Use attachment if necessary)	
(,,	
of filling.)	ecific and cannot be more than five business days prior to or 90 da
of filing.) E VI: Other provisions, if any.	
E VI: Other provisions, if any. REQUIRED SIGNATURES	4
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E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	4
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E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under I am aware that any false information.)	ember or an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document er the penalties of perjury that the facts stated herein are true. mation submitted in a document to the Department of State by as provided for in s.817.155, F.S.)
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