

L14000154604

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

PICK-UP     WAIT     MAIL

(Business Entity Name)

(Document Number)

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

Special Instructions to Filing Officer:

Office Use Only



400261930334

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

EFFECTIVE DATE 9/29/14

SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

14 SEP 29 PM 12:28

FILED

✓/14  
10/3/14

~~4000093938~~

**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

\$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)

Check has already  
been submitted

**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

FILED  
14 SEP 29 PM 12:29  
SECRETARY OF STATE  
TALLAHASSEE, FLORIDA

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

Note: I called and spoke to a representative about the 60 day window. I was told I could wait until the company name I want ~~became~~ 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 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:**

**Mailing Address:**

530 E Central Blvd. #301  
Orlando, FL 32801

530 E Central Blvd. #301  
Orlando, FL 32801

**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:

Rebecca Bowland

Name

530 E Central Blvd. #301

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

Orlando

City

FL 32801

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..*

*R. Bowland*

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

EFFECTIVE DATE

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TALLAHASSEE, FLORIDA

14 SEP 29 PM 12: 29

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**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

**Name and Address:**  
Rebecca Bowland  
530 E Central Blvd.  
Orlando, FL 32801

\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_  
\_\_\_\_\_

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: 9/29/2014 (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**

*R. Bowland*

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.)

Rebecca Bowland  
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)

FILED  
14 SEP 29 PM 12: 29  
SECRETARY OF STATE  
ALLAHUSSE, FLORIDA