

L14000/65381

(Requestor's Name)

(Address)

(Address)

(City/State/Zip/Phone #)

☐ PICK-UP

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☐ MAIL

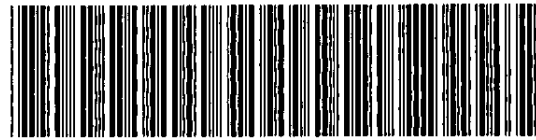
(Business Entity Name)

(Document Number)

Certified Copies _____ Certificates of Status _____

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DEPARTMENT OF STATE
14 OCT 23 PM 2:07
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

APPROVED
AND
FILED

OCT 23 2014
T. HAMPTON

COVER LETTER

**TO: Registration Section
Division of Corporations**

SUBJECT: Cooksey Consulting, 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:

Ken Cooksey
Name of Person

Cooksey Consulting, LLC
Firm/Company

P.O. Box 58
Address

Monticello, Florida 32345
City/State and Zip Code

kcooksey@embargo.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Ken Cooksey at (850) 997-3762
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

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

Cooksey Consulting, 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:

550 Morris Road
Monticello, Florida 32345

P.O. Box 58
Monticello, Florida 32345

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:

Ms Pamela S. Cooksey

Name

550 Morris Road

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

Monticello

City

FL 32345

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..

Pamela S. Cooksey

Registered Agent's Signature (REQUIRED)

(CONTINUED)

Page 1 of 2

SECRETARY OF STATE
TALLAHASSEE, FLORIDA

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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:

Pamela S. Cooksey

550 Morris Road

Monticello, Florida 32345

AMBR

Ken Cooksey

550 Morris Road

Monticello, Florida 32345

(Use attachment if necessary)

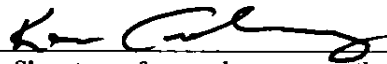
ARTICLE V: Effective date, if other than the date of filing: October 21, 2014 (OPTIONAL)

(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.

Purpose: Design Services and Project Management for Firms/Organizations Participating in U.S. and
Overseas-International Trade Shows and Events. International Trade and Export Consulting Services
for U.S. and International Firms.

REQUIRED SIGNATURE:



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.)

Ken Cooksey

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)