L14000177747

(Re	equestor's Name)	
(Ad	ddress)	
(Ac	ddress)	
(Ci	ty/State/Zip/Phone	: #)
PICK-UP	☐ WAIT	MAIL
(Bu	usiness Entity Nam	ne)
(Do	ocument Number)	
(-	,	
Certified Copies	_ Certificates	of Status
Special Instructions to	Filing Officer:	



800266228628

11/10/14--01031--012 **125.00



Office Use Only

NOV 1.7. 2014 J. BRUCE

COVER LETTER

TO:	Registration Section Division of Corporations	, ,	
SUBJ	ECT: cookie 13110 oak st LLC Name of Li	imited Liability Company	
The er	nclosed Articles of Organization and fee(s)	are submitted for filing.	
Please	return all correspondence concerning this i	natter to the following:	
	Donald Hosey Doris Hosey	Name of Person	
		tvanie of reison	
	cookie 13110 oak st LLC		
		Firm/Company	2014
	13110 Oak St		
		Address	DIA NOV 10 P
	Odessa, FL 33556	0: 10: () 17: ()	<u> </u>
	•	City/State and Zip Code	PH 2: 30
<u>d</u>	hosey51@gmail.com	ed for future annual report notifica	urion) S
	L-man audress. (10 be us	ed for future aimuai report notifica	
For fu	rther information concerning this matter, pla	ease call:	
<u>Dona</u>	Id Hosey Doris Hosey at (Name of Person	\$ (3) 506 ~ 986 Area Code Daytime Tel	5 7 Jephone Number
Enclos	sed is a check for the following amount:		
ॻ \$125.0	00 Filing Fee \$\times \text{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	Street/Courier Add	<u>ress</u>
	Registration Section	Registration Section	
	Division of Corporations P.O. Box 6327	Division of Corporat Clifton Building	tions
	Tallahassee, FL 32314	2661 Executive Cent	ter Circle

Tallahassee, FL 32301

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

		-	
(Must end with the words	s "Limited Liability Company, "L.L.C.," or "LLC.")		
ARTICLE II - Address: The mailing address and street address of the p	principal office of the Limited Liability Company is:		
Principal Office Address:	Mailing Address:		
13110 Oak St	13110 Oak St	-	
Odessa, FL 33556	Odessa, FL 33556	-	
The Limited Liability Company cannot serve a	as its own Registered Agent. You must designate an indiv	-63-	r
(The Limited Liability Company cannot serve another business entity with an active Florida of the name and the Florida street address of the Donald Hosey	as its own Registered Agent. You must designate an indivergistration.) registered agent are:	4 NOV 10 PH 2:	
The name and the Florida street address of the Donald Hosey 13110 oak st	as its own Registered Agent. You must designate an indiversity registration.) registered agent are:	4 NOV 10 PH	

(CONTINUED)

Registered Agent's Signature (REQUIRED)

Page 1 of 2

<u>Title:</u>	Name and Address:
"AMBR" = Authorized Member	THE PER PROPERTY OF THE PERSON
"MGR" = Manager	
MGR	Donald Hosey Doris Hosey
	13110 Oak St
	Odessa, FL 33556
	
<u> </u>	
(Use attachment if necessary) EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing:
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.)	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) EVI: Other provisions, if any.	of filing: (OPTIONAL) ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date clive date is listed, the date must be spot filling.) E VI: Other provisions, if any.	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	ecific and cannot be more than five business days prior to or 90 da
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60)	mber of an authorized representative of a member.
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under the constitutes an affirmation under the constitutes and signature of a me	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are tribe.
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are time mation submitted in a document to the Department of State
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are tribe.
E V: Effective date, if other than the date ctive date is listed, the date must be spot filling.) E VI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation unde 1 am aware that any false infort constitutes a third degree felon	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are trule mation submitted in a document to the Department of State y as provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filling.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false information.)	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are tribe mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.)
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.) EVI: Other provisions, if any. REQUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infort constitutes a third degree felon	mher of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document or the penalties of perjury that the facts stated herein are time mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.) Ouris Hosey Typed or printed name of signee
EV: Effective date, if other than the date ctive date is listed, the date must be spot filing.) EVI: Other provisions, if any. REOUIRED SIGNATURE: Signature of a me (In accordance with section 60 constitutes an affirmation under 1 am aware that any false infort constitutes a third degree felon Donald Hosey C	mber of an authorized representative of a member. 5.0203 (1) (b), Florida Statutes, the execution of this document of the penalties of perjury that the facts stated herein are tribe mation submitted in a document to the Department of State yas provided for in s.817.155, F.S.)