

#2/15000036269

(Requestor's Name)

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(Address)

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☐ PICK-UP ☐ WAIT ☐ MAIL

(Business Entity Name)

(Document Number)

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Special Instructions to Filing Officer:

W15-9331 INC.

Office Use Only



100268723321

EFFECTIVE DATE
2-18-2015

100268723321
01/30/15--01002--021 **130.00

FILED
2015 FEB 24 PM 4:51
SECRETARY OF STATE
TALLAHASSEE, FLORIDA

K. SALLY
EXAMINER
FEB 26 2015



FLORIDA DEPARTMENT OF STATE
Division of Corporations

February 9, 2015

TOLLIE STRODE III
408 OAK KNOLL LANE
PENSACOLA, FL 32506

SUBJECT: C.O.S. ENTERPRISES, INC., L.L.C.
Ref. Number: W15000009331

15 FEB 24 11:10:00
DIVISION OF CORPORATIONS

We have received your document for C.O.S. ENTERPRISES, INC., L.L.C. and your check(s) totaling \$130.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

The name of the entity cannot include "INC." This word/abbreviation is readily associated with or is commonly used to denote another type of entity. Please amend your document throughout accordingly.

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.

Karen A Saly
Regulatory Specialist II

Letter Number: 015A00002652

COVER LETTER

TO: Registration Section
Division of Corporations

SUBJECT: C.O.S. ENTERPRISES, INC.
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:

Tollie Strode III
Name of Person

C.O.S. ENTERPRISES, INC.
Firm/Company

408 OAK KNOLL LANE
Address

PENSACOLA, FL 32504
City/State and Zip Code

+strodechairman@cosenterprisesinc.com
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Tollie Strode III at (888) 263-3302 ext. 5
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:

C.O.S. ENTERPRISES LLC.
(Must end with the words "Limited Liability Company, "L.L.C.," or "LLC.")

EFFECTIVE DATE
2-18-2015

ARTICLE II - Address:

The mailing address and street address of the principal office of the Limited Liability Company is:

Principal Office Address:

2731 GULF BREEZE PKWY
GULF BREEZE, FL 32503

Mailing Address:

P.O. Box 3777
PENSACOLA, FL 32516

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:

Tollie Strode III
Name
409 Oak Knoll Lane
Florida street address (P.O. Box NOT acceptable)
Pensacola FL 32506
City Zip

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TALLAHASSEE, FLORIDA

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.

[Signature]
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

MGR

MGR

Name and Address:

Tollie Strode III
408 Oak Knoll Lane
Pensacola, FL 32506

Jasmine Brown
408 Oak Knoll Lane
Pensacola, FL 32506

Jarod Ingram
408 Oak Knoll Lane
Pensacola, FL 32506

(Use attachment if necessary)

ARTICLE V: Effective date, if other than the date of filing: Feb. 18, 2015 (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:

Tollie Strode III

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.)

Tollie Strode III

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)

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CLERK OF STATE
TALLAHASSEE, FLORIDA