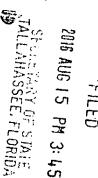
## L16000152403

r <sup>*</sup>	
(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:	i
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Office Use Only	



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## **COVER LETTER**

**Registration Section** 

TO:

<u> </u>	Division of Corporations		
CUD IF C	Cotton Seeds Management, LLC		
SUBJECT		imited Liabili	ry Company
The enclos	sed Articles of Organization and fee(s) a	are submitted	for filing.
Please retu	urn all correspondence concerning this n	natter to the fo	ollowing:
	Om Kapoor   BABALJ	ΊΤ V <i>f</i>	FNDER
		Name of 1	Person
		Firm/Cor	npany
	10981 Hickory Trace Lane		
		Addre	SSS
	Jacksonville, FL 32256		
	,	City/State and	•
	o_kapoor@hotmail.com  E-mail address: (to/be use		der 1271@Yahoo-Com
For further	information concerning this matter, plea		,
	-	800	375-2453
	at (		)
	Name of Person	Area Code	Daytime Telephone Number
Enclosed	is a check for the following amount:		
\$125.00 F	Filing Fee \$130.00 Filing Fee & Certificate of Status	LCertifie	O Filing Fee & S160.00 Filing Fee, Certificate of Status & Certified Copy (additional copy is enclosed)
	Mailing Address  New Filing Section  Division of Corporations  P.O. Box 6327  Tallahassee, FL 32314	] ] (	Street Address  New Filing Section  Division of Corporations  Clifton Building  2661 Executive Center Circle  Tallahassee, FL 32301



August 2, 2016

OM KAPOOR/ BABALJIT VANDER 10981 HICKORY TRACE LANE JACKSONVILLE, FL 3225

SUBJECT: COTTON SEEDS MANAGEMENT, LLC

Ref. Number: W16000053477

We have received your document for COTTON SEEDS MANAGEMENT, 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):

Please list only one registered agent and remove the other.

Please return the corrected original and one copy of 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) 245-6052.

Valerie Herring Regulatory Specialist II New Filing Section

Letter Number: 416A00016170

## ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

<b>ARTICLE I - Name:</b> The name of the Limited Liability	Company is			FILE	ED	
The name of the Limited Liability	Company is:		2018	AUG 15	рм з	۱. c
Cotton Seeds Manager	ment. LLC		2010		111 3	)· 40
		d Liability Com	pany, "L.L.C.," or "LLC.")	HASSE		
			19	MUMGOCI	L. T.L.U	IRIDA
ARTICLE II - Address: The mailing address and street add	dress of the principal	office of the Lin	•			
<u>Principa</u>	l Office Address:		Mailing Ac	idress:		
10981 Hickory Trace	Lane		10981 Hickory Trace Lane	<del>)</del>		
Jacksonville, FL 3225			Jacksonville, FL 32256			-
The name and the Florida street a	Om Kapoor	Name				
	10981 Hickory Trac	e Lane		_		
	Florida street addre	ss (P.O. Box <u>N(</u>	OT acceptable)			
	Jacksonville	FL	32256	_		
	City	State	Zip			
Having been named as registered ag place designated in this certificate, t further agree to comply with the pro am familiar with and accept the obl	thereby accept the apporting approvisions of all statutes in igations of my position	pointment as reg relating to the pr as registered as	istered agent and agree to a coper and complete perform	act in this c	apacity duties,	. I

Page 1 of 2

(CONTINUED)

<u>Title:</u> "AMBR" = Author	ized Member	Name and Address: 2016 AUG 15 PM 3: 46
"MGR" = Manager	•	Om Kappor SEGULARY OF STATE
AMBR		Om Kapoor  10981 Hickory Trace Uahle LAHASSEE, FLORIDA  Indicator Villa El 20255
		10981 Hickory Trace Dane LATTA 352
		Jacksonville, FL 322569
AMBR		Babaljit Vander
		10981 Hickory Trace Lane
		Jacksonville, FL 32256
E V: Effective date ective date	, if other than the date of	filing: (OPTIONAL) fic and cannot be more than five business days prior to or 90
E V: Effective date ective date is listed of filing.) The date inserted in ment's effective date	t, if other than the date of the date must be special this block does not medic on the Department of	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
ective date is listed of filing.) The date inserted in	this block does not meete on the Department of ons, if any.	fic and cannot be more than five business days prior to or 90 et the applicable statutory filing requirements, this date will not
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