09/08/2016 10:49 FAX 215 977 9686 6000165916 Page 1 of 1

Florida Department of State

Division of Corporations Electronic Filing Cover Sheet

Note: Please print this page and use it as a cover sheet. Type the fax audit number (shown below) on the top and bottom of all pages of the document.

(((H16000223092 3)))



Note: DO NOT hit the REFRESH/RELOAD button on your browser from this page. Doing so will generate another cover sheet.

To:

Division of Corporations

Fax Number

: (850)617-6381

From:

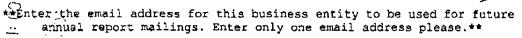
Account Name : M. BURR KEIM COMPANY

Account Number: I19990000242 Phone

: (215)563-8113

Fax Number

: (215)977-9386



Email	Address:				
~	-		 	 	 _

FLORIDA LIMITED LIABILITY CO. Catching the Cosmos LLC

Certificate of Status	0
Certified Copy	0
Page Count	03
Estimated Charge	\$125.00

Electronic Filing Menu

Corporate Filing Menu

Help

M BURR KEIM CO (((H160002230923)))

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

Catching the Cosmos LLC			
	mited Liability Company, "L.L.C" or "LI	100	
(intracting arm the adigs of	indeed Enablindy Company, E.E.C., (ii E.	<i>(</i> (,)	
ARTICLE II - Address:			
The mailing address and street address of the princ	ipal office of the Limited Liability Compa	ny is:	
Principal Office Address:	Mailing Address:		
.5638 Lingle Street	5638 Lingle Street		
	TO A STATE OF THE PARTY OF THE		
North Port, FL 34287	North Port, Ft. 34287		
ARTICLE III - Registered Agent, Registered Of	ffice, & Registered Agent's Signature:		
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.)	16 SE	1 may .
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis.	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.) stered agent are:	16 SEP	5 mm. 5
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis.	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.)	16 SE	g many
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis.	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.) stered agent are: osh Smith Name	16 SEP -8	S make
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis.	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.) stered agent are: osh Smith Name Lingle Street	16 SEP -	5 may 5 may 6 may
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis. Jo	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.) stered agent are: osh Smith Name Lingle Street D. Box NOT acceptable)	16 SEP -8 PH	Smarry Signature Smarry Smarry Signature Smarry Smarry Signature Smarry Smarry Signature Smarry Smarry Signature Smarry Smarry Signature Smarry Smarry Signature Smarry Signatur
ARTICLE III - Registered Agent, Registered Of (The Limited Liability Company cannot serve as its another business entity with an active Florida regis. The name and the Florida street address of the regis.	ffice, & Registered Agent's Signature: own Registered Agent. You must designs tration.) stered agent are: osh Smith Name Lingle Street	16 SEP -8	grades Section of the section of the

of my duties, and I am familiar with and accept the obligations of my position as registered agent as provided for in

(CONTINUED)

Page 1 of 2

Registered Agent's Signature (REQUIRED)

Title: "AMBR" = Authorized Member	Name and Address:
"MGR" = Manager	
AMBR	Josh Smith
	5638 Lingle Street
	North Port, FL 34287
	min or
	7.72
	مد شاہد ہ
	<u>57</u>
	<u></u>
, , , , , , , , , , , , , , , , , , ,	te of filing: (OPTIONAL)
EV: Effective date, if other than the datective date is listed, the date must be sof filing.)	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 day
(Use attachment if necessary) E V: Effective date, if other than the datective date is listed, the date must be sof filing.) E VI: Other provisions, if any. REQUIRED SIGNATURE:	te of filing: (OPTIONAL) specific 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 sof filing.) EVI: Other provisions, if any.	te of filing: (OPTIONAL) specific and cannot be more than five business days prior to or 90 da

Page 2 of 2

Filing Fees:

\$125.00 Filing Fee for Articles of Organization and Designation of Registered Agent

5 30.00 Certified Copy (Optional)
5 5.00 Certificate of Status (Optional)