

L17000196518

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(Business Entity Name)

(Document Number)

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SECRETARY OF STATE  
TALLAHASSEE FLORIDA

**COVER LETTER**

**TO: New Filing Section  
Division of Corporations**

**SUBJECT:** Cupid's Bow, 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:

Rebecca L. Zubowicz  
\_\_\_\_\_  
Name of Person

Cupid's Bow  
\_\_\_\_\_  
Firm/Company

1989 Dipol Courtway  
\_\_\_\_\_  
Address

Titusville/FL 32780  
\_\_\_\_\_  
City/State and Zip Code

cupidsbow2017@yahoo.com  
\_\_\_\_\_  
E-mail address: (to be used for future annual report notification)

For further information concerning this matter, please call:

Rebecca L. Zubowicz      321      225-9141  
\_\_\_\_\_  
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**  
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



FLORIDA DEPARTMENT OF STATE  
Division of Corporations

August 31, 2017

REBECCA L. ZUBOWICZ  
1989 DIPOL COURTWAY  
TITUSVILLE, FL 32780

SUBJECT: CUPID'S BOW, LLC  
Ref. Number: W17000071671

We have received your document for CUPID'S BOW, LLC and your check(s) totaling \$160.00. However, the enclosed document has not been filed and is being returned for the following correction(s):

You must list the corporation's principal street address and/or a mailing address in the document. A post office box is not acceptable for the principal address.

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) 245-6052.

Neysa Culligan  
Regulatory Specialist II

Letter Number: 817A00018021

RECEIVED  
17 SEP 21 PM 1:51  
DIVISION OF CORPORATIONS  
BUREAU OF COMMERCIAL  
INFORMATION SERVICES

ARTICLES OF ORGANIZATION FOR FLORIDA LIMITED LIABILITY COMPANY

ARTICLE I - Name:

The name of the Limited Liability Company is:

CUPID'S BOW, LLC

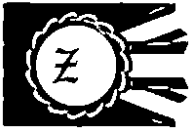
(Must contain the words "Limited Liability Company, "L.L.C.," or "LLC.")

ARTICLE II - Address:

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

Principal Office Address:

Mailing Address:



Rebecca L. Zubowicz  
1989 Dipol Courtway  
Titusville, FL 32780



1989 Dipol Ctwy., Titusville, FL 32780

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:

REBECCA LOUISE ZUBOWICZ

Name

1989 DIPOL COURTWAY

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

TITUSVILLE

FL

32780

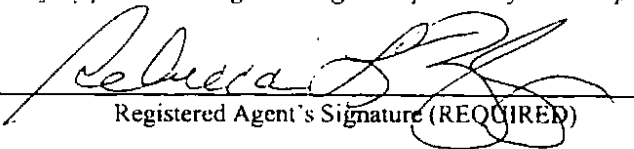
City

State

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..*

  
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

**Name and Address:**

REBECCA LOUISE ZUBOWICZ

1989 DIPOL COURTWAY

TITUSVILLE, FL 32780

AMBR

RICHARD RAYMOND ZUBOWICZ

1989 DIPOL COURTWAY

TITUSVILLE, FL 32780

MGR

KRISTINE KAROLE JONES

3241 PHEASANT TRAIL

MIMS, FL 32754

(Use attachment if necessary)

**ARTICLE V:** Effective date, if other than the date of filing: AUGUST 28, 2017 (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.)

**Note:** If the date inserted in this block does not meet the applicable statutory filing requirements, this date will not be listed as the document's effective date on the Department of State's records.

**ARTICLE VI:** Other provisions, if any.

**REQUIRED SIGNATURE:**



Signature of a member or an authorized representative of a member

This document is executed in accordance with section 605.0203 (1) (b), Florida Statutes. 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.

REBECCA LOUISE ZUBOWICZ

Typed or printed name of signec

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STATE OF FLORIDA  
DEPARTMENT OF STATE

**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)